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EDITORIAL COMMENT

RANK FOR NURSES

The bill for Rank for Nurses which was defeated in the last Congress has again been introduced. Every member of the nursing profession, whether she has been in the military or Red Cross service or whether she has served at home during this war period, has a duty to perform at this moment. The members of both houses of Congress should be made to realize that their nurse constituents wish this measure to become a law, and should also have it impressed upon them that during this war period, nurses have represented the womanhood of America and that in the great majority of states they are or will soon be voters.

For the better information of those of the younger group who are not familiar with the inner facts of this bit of nursing history, we pause to give a brief outline of the relationship which exists to-day between the American Nurses' Association and the Red Cross.

In 1908, a joint committee was appointed from the League and the American Nurses' Association for the purpose of obtaining affiliation with the Red Cross. The report brought back by this committee in 1909 was not altogether satisfactory, as is shown in the League report for that year, but after very full discussion, at the meeting of the American Nurses' Association, the motion was made and carried that we should ask for affiliation, trusting to the future to be able to adjust the relationship between the two organizations on a satisfactory basis. The idea in the minds of the members of the American Nurses' Association and the proposition made to the Red Cross was that the American Nurses' Association would assume the responsibility of enrolling nurses for the Red Cross, to serve in time of war or national calamity and to become the Army reserve.

How these plans were worked out, with Miss Delano as the chief, and with committees of the American Nurses' Association over the length and breadth of the country, is known so well to our readers that we need only allude to it.

The American Nurses' Association has met its pledges to the Red Cross, its nursing service committees which extend from one end of the country to the other, have enrolled the 35,000 Red Cross nurses who have constituted the Red Cross personnel during this war period, and the late Jane A. Delano and her associates at the headquarters in Washington and at the thirteen Division offices have given and the latter are still giving, expert service.

The Red Cross nurses who have made up the Army reserve, when they have been transferred from the Red Cross to the Army, have become automatically Army nurses, absolutely under the control of the Surgeon General's office. It is the consensus of opinion of those who have thus served and of those who have been in a position to know, that the Army has failed to give them the consideration to which they were entitled. For this reason we are going over the heads of the Surgeon General's office and are appealing to Congress for rank. This is the only way, because of the established custom of the Army, that we believe certain defects can be remedied.

The Red Cross has not taken any part in this movement for rank. We understand it is against its policy as an organization to concern itself with legislation in any form, but our contention is that the Red Cross has an obligation to the American Nurses' Association through which it has been able to supply to the Army this magnificent body of nurses to care for the sick and wounded, both at home and abroad, during the war period. And in our judgment, the Red Cross owes it to the nurses of this country to insist that Army regulations shall be so changed that certain objectionable features in Army service shall be removed in the future.

We made it very plain in our May editorial that the effort to obtain rank was not because of hardships endured by nurses in caring for the sick and wounded soldiers at home or abroad, or because of the inconveniences which they were obliged to endure during the active fighting period. There is a great tendency on the part of many of our members to complain about petty annoyances and discomforts; with this we have no sympathy. What we are asking for is such a change in the regulations as will give nurses in the Army a definite status, with the insignia of rank which are recognized by every one in military service from the highest to the lowest,—first to ensure greater efficiency in the discharge of their duties, and then to give them the same kind of personal comfort in their living conditions and in traveling as it has been found possible, even under war conditions, to furnish for officers.

Nurses everywhere over the country at this time should ask the support of the Red Cross Chapter members in this movement. As

individuals, such members can at least give their aid, even if the chapters within the national body are unwilling to lend their support to this crusade.

We must bear in mind that this law will not go into effect, even if it is passed, until the nurses now overseas have returned, and it will apply only to the Army Nurse Corps and to those who may in future be called upon to make up the Army reserve.

In the Letter Department of this JOURNAL we are publishing a number of letters from various women among our leaders, over their own signatures,—their endorsement of this movement for Rank for Nurses.

How To Do It

The great thing is to make a personal appeal to your Senators and to the Representatives from your District. If you do not know who they are, find out through the men of your family, or ask some of your local politicians for their names and addresses. Write as concisely as possible and have your letter typewritten, something as follows:

I am one of your constituents living at _____. I am asking you to vote favorably on the Lewis-Raker bill on Rank for Nurses which is now before Congress.

If you have served, or have friends who have served, and can give special definite reasons for wanting this bill passed, state them briefly. The great thing is the request from you as a constituent in the locality which they represent, and a possible voter, for their support of this measure. To have your letter effective, write immediately.

Miss Delano had absolute faith that the nursing service which she spent so many years in building up, would be justly recognized and rewarded by the men of this country when the excitement of the war period was over. Perhaps she was over sanguine.

PEACE TIME REORGANIZATION OF THE RED CROSS

Every week we have evidences of changes in the form of organization and plans for the peace programme of the Red Cross, all of which seem to be more dependent on the nursing body than on any other one group of workers. Miss Wald's report of the conference at Cannes, as reported in the Survey for May 31, and Miss Stimson's report of the same conference, quoted in the Red Cross Department of this issue of the JOURNAL emphasize this.

That the public health nurse is recognized as one of the great features in the immediate carrying out of the peace programme, is indicated by the recent appropriation by the Executive Committee

of a sum of money to be used for scholarships for instructors of public health nurses. While the plans are just now in process of formation, definite information can be obtained by sending to the Bureau of Information in New York.

The personnel of the management of the directors of the Red Cross is also undergoing a change from a voluntary to a paid basis. In the earlier days, when the American Nurses' Association made its affiliation with the Red Cross, its affairs were being directed by Miss Boardman and, later, by Mr. Taft and Mr. Wadsworth, with other volunteers as heads of departments. With the reorganization, all of those who are in Red Cross work are to be paid, from Dr. Farrand, its head, down to the lesser officials.

THE WILL OF JANE A. DELANO

It is reported that Miss Delano left a fortune of something over \$500,000, every cent of which, with the exception of a bequest of a few thousands to an aged aunt, her only relative, is left to personal friends who are nurses, to the children of a friend who was a nurse, or to some nursing interests, conspicuous among which are the five bequests which follow: First, to the Alumnae Association of Bellevue Training School for Women Nurses, the sum of \$5000 in trust, the principal of said sum to be kept intact perpetually and the income, only, arising therefrom to be used by such Association for the sick benefit fund for the support and relief of sick nurses who are members of said association; second, to the Alumnae Association of the Training School for Nurses connected with the Hospital of the University of Pennsylvania situated in Philadelphia, \$5000, to be used for the same purpose as that given to the Bellevue Alumnae; third, to the American Nurses' Association, \$5000, in trust, the principal to be kept intact, and the income to be used at the discretion of said Association for the Nurses' Relief Fund, or for the promotion of any of the objects for which that Association was established; fourth, to the American Red Cross, the sum of \$25,000, in trust, the principal to be kept intact, the income to be used for the support of one or more visiting nurses under the supervision of that organization, "in loving memory of my father and mother, such nurse or nurses to be known as the 'Delano Red Cross Nurse or Nurses'"; fifth, the remainder of her property to the New York Eye and Ear Infirmary to be used to assist in the construction of a residence for nurses or for such other useful purposes as shall be determined upon by the Board of Trustees, this residuary provision being made as a memorial to the late James J. Higginson, who was for many years president of the Board of Managers of that institution.

Perhaps no greater proof of Miss Delano's devotion to her profession can be furnished than these provisions in her will which was drawn more than three years ago.

When we consider how Miss Delano went to her office day after day, reaching it early and remaining late, working evenings or on Sundays, when necessary; how she stayed at her desk during the whole period of the war, taking no vacations, taking her place in line with others, at lunch time, at a cafeteria; how she bore not only the long hours of work but the harder task of great responsibilities and decisions, when all the time she had at her command the means for a life of comfort and leisure,—we feel that the sacrifices made by most of us are very small and that the least we can do in memory of her service is to stand up bravely to our daily task without fretting over trifles, to coöperate with others to the best of our ability, and to make every effort to secure to the nurses who are to follow us in Red Cross or Army service, the consideration to which they are entitled.

A LETTER ON RANK FOR NURSES

Too late for classification, comes a letter on this subject from Mary Beard, president of the National Organization for Public Health Nursing:

The Committee on Securing Rank for Nurses is convinced that our best hope of success lies in a united and sustained effort lasting two or three months to support the "relative rank" bill, rather than to work at this time for actual rank. It is actual rank that is needed for efficient work, but the Committee feels that the first step towards getting that is to write in an effort to secure the less radical measure. Such an effort must have the hearty endorsement of each one of us. The confident expectation of success will go far towards winning it.

Let us trust in the wisdom of those who have been studying the question so thoroughly, and who feel that to secure relative rank is the best hope of getting what we need, and let us not divide public opinion by refusing to endorse "relative rank" because we prefer "actual."

THE FEEDING OF INFANTS AND YOUNG CHILDREN

BY ALICE HAEHNLEN, R.N.

New York, N. Y.

Years ago, when many of us were in training, we were taught that the component parts of food were called fats, proteins, and carbohydrates, and we had a hazy idea that this classification covered the whole matter. A few maintained that there were "salts" found in fruit and whole grain which were necessary for proper nutrition. The exact chemical composition of the so-called salts was and is still unknown.

Within the last few years we are indebted to Casimir Funk and his co-workers for the isolation of a substance from these salts, which has been termed "vitamine." This vitamine has a peculiar and important function in aiding the proper metabolism of fats and carbohydrates. When present in the food given, the vitamine shows its effect by the health-giving tonic glow in the skin, proving that a certain amount of stimulation is caused thereby. On the other hand, the absence of the vitamine is equally remarkable by the paleness and anemia usually present in the series of cases which, for the want of a better name, have been called deficiency disease.

The mistake most frequently met with in infant feeding is keeping the child too long on a milk diet alone, beyond the time at which other foods should be given. Children fed in this way show signs of pallor, late closure of the fontanel, delay in walking, and general malnutrition. This secondary anemia is explained by the small amount of iron in the salts of cows' milk. For many years drugs were used to supply this deficiency, but with unsatisfactory result.

There is no doubt that under normal conditions mother's milk is the ideal baby's food up to the sixth or seventh month. Unfortunately, however, human milk as well as cows' milk, is frequently deficient in many vital parts. It is necessary to supply these parts to make up the deficiency, or the structure of the infant will suffer. Rickets or scurvy most frequently develop. Usually the first symptoms noted are pallor, constipation, head sweating, and restlessness. Then flabby muscles and soft bones result. This deficiency in the food is also frequently manifested by an eczema or a frequently recurring urticaria. It has been proven by the rapidity with which these symptoms disappear when food containing large quantities of vitamine are given, that this vitamine was lacking in the diet.

Among the foods containing this vitamine, and which are suitable, when properly prepared, for the diet of infants and young children, are: orange, pineapple, spinach, beet tops, chard, and other pot greens, carrots, potatoes, unpolished rice, whole cereals, and egg yolk.

There are, however, other elements in the diet which must be considered and which supply the main substance of nutrition. They are: fat, carbohydrate (sugar and starch), and protein, besides water and certain salts. Not only are all these necessary, but they must be furnished in certain proportions to maintain health.

Fats.—The fats include animal and vegetable fats. Animal fats have been proven superior to vegetable fats as food. Those suitable for the young child include: cream, butter, bacon, codliver oil, olive oil, and peanut butter. The New York Board of Health recommends oleomargarine as the most economical fat, and adapted to the diet of children.

The Carbohydrates.—The carbohydrates include cereals, vegetables, breadstuffs, sugar and sweets. There are three kinds of sugar used in infant feeding: milk sugar, called lactose; malt sugar, called maltose, and cane sugar, called granulated sugar. When constipation exists, malt sugar or milk sugar should be used. Infants gain rapidly in weight when malt sugar or the malt preparations are given. There are several good malt preparations on the market: in powder form, the Mead's dextri-maltose; or in liquid form, Borchardt's malt soup extract; or the neutral maltose made by the Maltzyme Company of Brooklyn. If infants vomit, maltose should be replaced by either milk or by cane sugar.

Sugar is not only used for sweetening food, but it is a very essential element in the growth of the body. Sugar exists in human milk in a larger quantity than all other elements combined. The healthy infant can digest maltose or malt sugar, 1 teaspoonful to each feeding, or 6 to 7 teaspoonfuls in the daily quantity of food prepared.

The Proteins.—The cheapest and best protein for children is that found in milk,—fresh, raw milk. In boiling milk, the vitamine is destroyed, and the cream or curd is so altered that it induces constipation. There are times, however, when milk procured from unknown dairies cannot be regarded as safe, and under such conditions it must be boiled. Boiled milk should not be fed for any length of time or scurvy will develop, unless fresh fruit juices and fresh vegetable juices are added to the diet.

Water.—Water plays an important part in metabolism. By means of water the food is kept in a state of solution or minute subdivision, thus rendering it more easy of digestion. It carries nutritious material in the blood, lymph cells, etc., and it also

carries away the waste products through the kidneys, bowels, lungs, and skin.

According to the majority of pediatricists, the amount of water necessary in twenty-four hours (inclusive of that contained in the milk) is equal to one-sixth of the body weight.

An infant up to the first month should receive several drams of plain filtered water immediately after each feeding, or as soon after feeding as possible. Later, one or two ounces may be given between feedings. If it is not time for feeding, and the infant is restless, a drink of cool water will frequently quiet it.

Water is a most important factor when we desire to modify constipation, especially so when large cheesy curds are found in the stool. Stagnant milk in the mouth, especially in a feverish child, can produce soreness and ulceration. A drink of water after each feeding will cleanse the mouth and prevent this condition.

Fruits.—Fruits, as a rule, are easily digested by young children. For the very young child, stewed fruits (with the exception of orange and pineapple juice) are preferable to raw, because the cellulose or woody fiber is softened during cooking. If covered while cooking, very little of their nutritive value is lost.

Oranges, apples, peaches, grapes, and dried prunes, peaches and apricots are among the suitable fruits. Experiments made by Drs. Marshall Pease and Anton Rose, at the New York Post Graduate Medical School and Hospital, have proven that the banana contains more nourishment than any other fruit and, contrary to the popular belief, it is not indigestible when fully ripe or cooked. Most children of three years can digest bananas perfectly, but a banana is not ripe until black spots appear on the peel. The fruit should be baked, or when eaten raw, should be peeled, then scraped of the fuzzy covering, sliced, and served with milk.

Eggs.—Yolk of hard cooked egg (one-third) in gradually increasing doses may be given as early as the 6th month. Egg-yolk is an important vitamine-containing food often omitted on account of a possible anaphylaxis which some children have against egg albumin. "I have never seen a case of anaphylaxis caused by egg yolk, neither have I seen any cases recorded." (Louis Fischer.)

Egg yolk should be prepared by placing an egg in a pan and covering with boiling water. Do not allow the water to boil after the egg is put in, but keep it hot for 45 minutes. Cooked in this way the yolk will be formed, but mealy and easily powdered, and can be added to the milk.

Vegetables.—The value of vegetables depends not only on their richness in iron and other important salts, but also upon the fat,

carbohydrates and proteins they contain, and the amount of fiber which aids proper action of the bowel.

From experiments made with various vegetables at the Babies' Hospital, and at the laboratories of the Rockefeller Institute for Medical Research, New York, it has been found that a large quantity of salts, in an especially suitable form, can be fed to children as young as 6 or 7 months. It has been interesting to learn that infants so fed showed an earlier closing of the fontanel, and a general greater activity than those without the addition of vegetables or vegetable juices to their diet.

Method of Preparing the Vegetables.—"Analysis of the water drained from vegetables cooked in water showed that there was an excessive waste of salts if this water were discarded. Steaming was therefore tried. A rice steamer was used in which the vegetable was held in a tightly covered receptacle with a rather finely perforated bottom. This part fits closely on the top of the boiler which holds the water. This proved to be the most economical method of cooking for preserving the salts."

If a steamer is not available, the cooking may be done in a double boiler. The vegetable should be prepared as usual, drained after washing, and placed with no additional water in the inner boiler. Spinach requires about thirty minutes to cook in this manner. At three months, 1 teaspoonful of the juice squeezed from a vegetable so prepared, may be given; at four months, 2 teaspoonfuls, and at five months, 3 teaspoonfuls. At six months, the pulp, or that which may be forced through a fine sieve can be assimilated. At one year, about 6 teaspoonfuls of the whole mass, finely chopped, may be given; the small pieces of fiber being especially beneficial if constipation exists.

Beginning with the second year, the period of infancy ends, and suckling or bottle feeding should cease. The functions of digestion are now more fully established or developed, and the child is able to digest a variety of semi-solid foods. At this age the child usually has a number of teeth cut through and is able to partly masticate the food.

While some poor children are underfed, the majority are overfed or improperly fed. They eat what they like and when they want it, and thus lay the foundation for digestive troubles. Food should not be given at other than regular meal times. A child's appetite is not always a reliable guide as to the amount of food he needs.

BEFORE AND AFTER THE ARMISTICE¹

BY GLENNA L. BIGELOW, R.N.

(Extracts from personal letters)

On the last day of September, 1918, twenty of us were chosen for detached service in Mobile Hospital No. 9, which is composed of motor trucks and tents. We went to Paris for two weeks to get our equipment and incidentally had a wonderful time seeing many friends and visiting the old haunts now so horribly changed by the exigencies of war. We left Paris on a train of our own, comprising twenty-seven cars, and made a journey of four days, not that the distance was that great, but that military trains are slow, and waiting for orders at different places is long. It was an experience I would not have taken worlds for, though we did not have our clothes off the entire trip and we slept curled up, half lying, half sitting on the seats of the compartment.

On the third morning, we woke up in a field of the devastated region from which the Boches had been gone only ten days. Our route lay through this desolate country of ruined cities and villages where not a living creature of any kind remained, the original "No Man's Land," which has been in contention for four years. About 11 o'clock on the fourth morning we went ashore, so to speak, got the trucks off the train, and rode the distance of a mile where, by the side of a town formerly of about 15,000 inhabitants but now nothing, our corps boys pitched the tents. The nurses have iron beds and real mattresses to sleep on, the officers and patients, cots, and while we are comfortable in that respect, our quarters are cramped as you can imagine. Everything we have we keep either on our beds or under them and envy each other when someone finds a board or a box or big stick for a clothes rack, or even a piece of sack cloth for a rug or bath mat. We have suffered, too, a great deal from the cold,—that awful, damp cold from living in unheated tents with little rivulets between the beds and sometimes no "duck boards" down the middle. We would sit a long time at night, thinking about it, before we had courage to undress, and in the daytime would wear several of every article of clothing we ordinarily wore. Water was very scarce; it was, to begin with, two blocks away in the ruined town and the days when we were too busy to go for it, and the corps boys were carrying stretchers, we either had none at all or were obliged to use over again what we had kept in our little rubber basins, in case of emergency, from the day before.

¹ Miss Bigelow is author of *Liege, on the Line of March*.

One night a terrible storm blew down a tent near us but the morning disclosed to our eyes, much to our delight, little wells of soft rain water which had collected in the folds of the collapsed canvas. It did not take us long to improvise a fireplace nor to find an old iron kettle in the ruins in which to boil the water thus provided and such a cleaning up and scrubbing as everybody and everything had! At this time there was not a home nor a peasant woman within miles and miles; it was the wilderness, you know, and not even nature.

Our little hospital is adorable, with eleven tents, each accommodating from 25 to 30 patients, a portable operating room of wood, steam heated from the sterilizing auto at the rear, and an X-ray room with its electrical auto wagon at a side door which also supplies all of the tents with lights at night. It is all marvelous and so complete! On one side of us is a French Evacuation Hospital on the same plan as ours and next to that an American Evacuation Hospital—all tents—and one morning an American Field Hospital of 20 large brown tents and 40 auto ambulances came and sat right down in front of us for a few days, then rose up off the ground and silently rolled away. Some day we will do the same, as I understand that we are moving up. We beat the army up here, but it has passed us now, and we will soon be following. This place was the rail head when we arrived, but now they have built on. You see our patients have to ride 20 kilometres in ambulances to get here and when they do, they are more dead than alive. I have never seen such awfulness and they do die one after the other until it's almost more than one can bear. We have evacuated nearly all of our patients to-day, but the barrage has been heavy since noon and the beds will be full to-morrow.

November, 1918

Since writing about our tent hospital life in Belgium, many things have happened. We were ordered to move forward about 20 kilometres toward the battle line and we came up from Staden right in the middle of all the troops that were hurrying up to the front. That morning ride was one of the most impressive experiences of my life. The road was marked "Military Road, No Overtaking," but all of the companies opened right up to let our ambulances pass through. They gave us a hearty salute, those soldiers, thousands of them, French, American, English, Belgian, Indo-Chinese. They had their trains of supply wagons, ammunition, cannon, horses, equipment, and with a few peasants straggling along, you can have a slight idea of the scene in the cold gray haze of a Belgian winter morning.

We passed through Roulers, which is quite a large city and is the place where the Kaiser was decorating some of his soldiers in the square when the British dropped airplane bombs on the proceeding.

At Iseghem, 7 kilos. the other side of Roulers, we unloaded our goods, namely, the hospital, which the French were good enough to bring up for us in 70 trucks, and set it up in the Parc alongside of a tiny river. We were domiciled in an old chateau belonging to a Belgian Baron. The Germans used this as a rail head and headquarters, so that it is not badly damaged. They allowed the Baron to stay for a while and finally sent him off so that they could ship all his furniture to the fatherland. There are only a few pieces left. Most of us have our iron field beds set up and with a Chippendale table, two Louis XVI chairs and an old rusty stove, you have a description of my room. But I am as happy as a queen, for we have plenty of wood and the little stove draws.

We stayed in Iseghem ten days and then came the event that the world has prayed for, for months,—the Armistice. You at home know what the sensation was, but can you imagine the inexpressible delirium of the people here? Nobody but those who were working among the wounded boys will ever know what the feeling of relief and thankfulness was, to realize that that awfulness was over, probably forever.

We used to lie in our beds in the cold tent at Staden and listen to those horrible barrages at 3 o'clock in the morning; then about 10 o'clock the ambulances would be coming in with their loads of wounded after a long, excruciating ride and we would work like mad all day and everywhere you looked was a dying man, his great, beseeching eyes following you around at every step. Often at night we had to go to bed at 6 o'clock, not even a candle or flashlight being permitted. Yet now that the word is received, now that the supreme moment has come,—something broke inside of us; but all we could say was "The War is over," calmly, unemotionally. We had said all we could say during those dreadful months and then when the greatest thing happened there was nothing left. The boys in the wards hardly blinked an eye and out in the little town, the Belgians were going on with their work the same as the day before. A troop of old French poilus that was passing down the street trudged along with the same determination that has helped them all through the war. I fell into step with one dear old fellow, hoping to get him to talk, so I said, "Well, Monsieur, the war is finished." "Not altogether, perhaps," he said, "but at least the end is in view." He was far too clever to be taken off his feet at the first fireworks of the Boches and time is proving that his cautiousness was not exaggerated. To-day, Marechal Foch finds that the kamerad Boches are not too amenable.

So that is all the enthusiasm there was outwardly, though inwardly there was such a thankfulness and relief! There was no

demonstration in the street; the flags that were out stayed out, and people went on as usual.

On the evening of November 10, about 10:30, just after we were in bed, nine air bombs exploded very near to us and we crouched down under the covers hoping to be spared. That ceased and we heard no more and the next morning, at 10, the news of the signing of the Armistice was received. It was never found out whether the explosions were a bona fide air raid or a premature celebration by the English.

After the Armistice the surgical patients stopped almost immediately and we began to have influenza and pneumonia cases. Ten days later we had orders to move again; the hospital was pulled down; everything was packed once more and we waited around three weeks for transportation (trains); the railroad is so congested with troops that it is nearly impossible. We had, consequently, lots of time on our hands and we made many trips over the surrounding country visiting all the big cities and the battlefields; the latter, especially around Ypres, can never be described.

Thanksgiving was rather a doleful occasion; the rations never having been very good in Belgium, we had for that dinner a beef stew and jam, and for supper canned baked beans.

The days that followed would certainly have been monotonous had it not been that a colonel of the 91st Division quartered with his company in a beautiful chateau twelve miles away, discovered us and relieved our dull existence by dinners and dances until we were carried off to another place.

The troops by now began pouring back from the front. For days the roads from one little village to another were just unbroken streams. It was wonderful to see the German army going along in all its glory in 1914, but it is a thousand times more glorious to see that steady blue line of old Poilus wending its way back to France in all its grandeur. Across country came the horsemen by the hundreds, single file, silhouetted against the sky like a phantom army; then there were machine gun companies, cannon, armored automobiles and always and ever groups of refugees trudging back home with all their worldly possessions in a wheel-barrow or a donkey cart. I do not know where they came from,—they seemed to just spring up out of the earth.

The Belgian idea of grouping is sometimes very fantastic and lends a comical aspect to the scene: a baby and often a goat would be perilously posed on a straw mattress on the top of a pile of furniture or a horse and cow would be hitched up together or a donkey, a cow, and a woman.

Well, the days of December dragged along and it began to look as though Christmas would still find us there. The boys of the 37th and 91st Divisions had left for Dunkirque, en route for France, and the outlook for us was not the most cheerful, but in the Army one gets used to anything in time. One day, however, to our surprise and delight, a train of 30 cars backed up at our gate at the end of the Parc; we packed on our goods, and in twenty-four hours had faded away from the Belgian landscape.

After two days and two nights of travel, sitting up, we arrived at Le Mans. We had passed several trains of German prisoners on the way from whom I obtained some souvenirs and took some good pictures. A funny incident occurred on this trip. Some soldiers encamped along the route had seen our train crawling slowly past their station, and struck by its odd appearance, loaded with all the appurtenances of a moving circus, called the attention of the whole community. Then when two old-fashioned passenger coaches swung along with women (the famous Mobile 9) in them, they were aghast, as a vision of an American woman had not met their eyes for many moons. It did not take long to find out the "history" of the train and that its objective point was only a few miles further on and so, as long as we were in that vicinity, dance after dance, dinner after dinner, succeeded each other in charming chateaus, in quaint little towns wherever the men were billeted. Unlike Thanksgiving, Christmas and New Year's were delightful events, the soldier boys taking no end of time and trouble to arrange for the festal occasions,—and that is the way the A. E. F. enjoyed itself off duty.

At Le Mans, which is the embarkation area for U. S. troops and around which are five or six Divisions, we worked in a large old monastery with stone floors and vaulted ceilings,—a draughty affair. I was assigned the pneumonia ward where all the windows and doors have to be open and I can assure you it was cold. All of the hospitals in this secteur are full of the mumps, scarlet fever, measles, meningitis and especially the streptococcus pneumonia patients, for whom there is no hope and who die like flies. We had good food there and lived in comfortable quarters down the road. After five weeks of that, seven of us were sent to a camp, 12 kilos. away in the country, a city of tents and barracks, which house about 30,000 troops. Our stay of ten days was immensely enjoyed. General Pershing came one day to review the 27th Division. I managed to get five very good pictures of him. We went back to Le Mans for a week and were finally sent to Laval to join the rest of our unit and where we are at the present writing. The tents were in the public square, but the hospital has moved into a large building like the monastery, cold and draughty.

The nurses are living in an almost unfurnished house with a bed, one big dining table and a chair apiece, that's all, but right next door is a wonderful old 11th Century Castle built right up on solid rock overhanging the river. It is "Blue Beard's Castle," said to be the one about which the fable was written.

CONDITIONS WHICH INFLUENCE THE HEALTH OF STUDENT NURSES¹

BY ELIZABETH F. MILLER, R.N.

Philadelphia, Pennsylvania

In an investigation of the health of student nurses we have had to limit the field of observation, in a major extent, to our own schools. This is because of the fact that other schools are reluctant to state authentically the number of sick days and the many minor illnesses and conditions, which directly influence the health of the student. So far as we can ascertain, there are no available statistics by which the health impairment during training or the subsequent cessation of activities due to ill health, following graduation, can be measured.

In discussing a subject so vital as the conditions influencing the health of student nurses, conditions against which hospital superintendents have warred so long, we only wish that every member of a board of managers, every legislator, or everyone responsible for the existence of training schools, might be an audience with the hope that they might be stimulated to some action on the important problems, such as long hours, housing, diet, environment, recreational facilities and nerve strain owing to lack of proper organization.

When considering health I take as a criterion, Josephine Goldmark's "Fatigue and Efficiency," and my deductions are largely a consequence of the careful study of her book.

While Josephine Goldmark is interested solely in the industrial workers and their health improvement, there are many situations in a worker's life that are analogous to those in our training schools, that we can well afford to apply many of her principles to these schools, and have the student nurse receive the benefit of her scientific study of fatigue as it affects efficiency and her great humanitarian spirit toward the worker. She possesses, not only a knowledge of physiological laws and of conditions of workers that is unparalleled, but she is a woman of strong convictions and has the courage to express them.

¹ Read before the Philadelphia League of Nursing Education.

When studying the conditions affecting the health of student nurses, let us consider them in the order of their importance,—first, organization.

Organization.—It is only since we have begun to make a scientific study of organization as it affects the worker that we realize the effect of disorganization in the life and health of a student and its consequent deleterious effect on the nerves of the individual. If proper organization is essential in a commercial concern where only material ends are at stake, how much more necessary is it in a hospital, where life is so complex, complications so numerous, details endless, and where the preparation of nurses and physicians is of such important consideration.

In no organization is any product stronger than its foundation, and if a strong personality does emerge from a disorganized institution, it is the result of her own strength, intelligence, prowess and in spite of her handicaps, rather than on account of any assistance or inspiration she received. No suggestion can be made except a searching scrutiny of our own ability to organize and build a foundation upon which a training school can be efficiently and systematically conducted. Each hospital, at the present time, is a law unto itself and until they are standardized, each training school will have to work out its own individual problems and adapt itself to the conditions of that particular life. We can readily see the nerve strain that abounds in an institution where there are no lines of authority, coöperation or coördination of the several departments.

However, we can visualize the virility and happiness in an institution where everyone works for the joy she feels in giving her department the best that is in her, and receiving full credit for it. We have not even touched the high spots in organization, for that is a subject in itself, but we do know that disorganization detracts from efficiency and from the life and health of the individual involved.

Hours.—The next subject in importance is the hours. It is apparent to all who are intimately concerned in the training of the nurse, that the old tradition of long continuous hours of duty as a test of their physical endurance does not suffice. The period of the survival of the fittest is past. Too many fine women are lost to the profession and to the state because they could not measure up to this same acid test of physical endurance. When presenting arguments for shorter hours, one must rely on the studies of fatigue and its effect made by manufacturing concerns and by such people as Josephine Goldmark.

We learn that fatigue is nature's warning of a condition caused directly or indirectly by such influences as long hours, nerve strain, monotony, etc. Just as industrial concerns have learned that long

hours result in fatigue and consequent deterioration, with inferior output, so hospitals learn that the long hours exacted from their pupils result in general laxity in their studies, accidents, frequent mistakes in medication and the apathetic mentalities so frequently found in the ranks of student nurses.

All who are interested in the progress of nursing are proud of the steps made in raising standards and increasing teaching facilities, but the supreme test of our progress is the means we have commanded to conserve the health of our pupils. To-day the profession needs women with vision, health and vigor. We want to send our women out as public health nurses, industrial welfare workers, teachers of hygiene,—yet we fail to give them the very essentials each one will be expected to inculcate in her work.

So the need for shorter hours is indisputable and the effort to obtain shorter hours is a social responsibility which devolves upon every just thinking woman. How can we obtain these shortened hours? We are fortunate enough to live in a democracy where laws are merely the reflection of the minds of the public; therefore in a democracy, when everyone wants a good thing, they set forth to stir people to action and stimulate enthusiasm, that the desire or purpose, may be fulfilled. So if every hospital superintendent and registered nurse brought enough pressure to bear, the eight-hour schedule would obtain in all states and the unfortunate clause in the labor law of Pennsylvania, which says that the eight-hour schedule does not apply to nurses in a hospital, could be effaced.

The interest of boards of trustees must be incited to the point of action,—and we must even admit that frequently superintendents of hospitals, whose routine duties so obstruct their vision that they cannot see beyond their narrow horizon, are potent factors in retarding issues that spell progress for a school. Boards of trustees and superintendents, if they are not trained nurses, are too ready to look upon the pupil nursing staff as a cheap means of securing nursing, entirely losing sight of the fact that the period of training is but a period of preparation and education and that the hospital is morally responsible for the physical condition of the student upon her graduation.

Too many nurses are forced to take a prolonged rest after completing a course in training. When these occurrences are multiplied, one can readily see what a distinct economic loss results to the community which depends upon their services.

Opposition to the shortened hours comes from the lack of funds to provide for the extra nurses necessary to conduct schools on the eight-hour schedule, but this is no reason why we should calmly

accept these conditions and continue the exploitation of nurses. We must educate the community which supports these schools to consider the life of the nurse, the danger that surrounds her, every step of the way from the time she enters training school until the last day of her nursing activity. It is not the absence of exposure to disease that keeps us well, but the strength of power for resistance. It is the exhausted nurse who falls a victim to the first infection or minor disease which she has to encounter, and the long consecutive hours are the most important contributing factor to this exhaustion.

Diet.—We often hear that nurses are the most capricious people to serve and so they are, but when an analysis of the situation is made, it is shown that there are definite psychological and physiological reasons for this. When determining and regulating their diet, one must assume a sympathetic attitude toward the situation. We must consider the environment, the many sordid features of their duties, the constant nerve strain, the unavoidable monotony of institutional diet, the disease laden atmosphere, which they breath for many consecutive hours a day, especially in some of our ill ventilated hospitals. When we review these conditions, what then do we owe the nurse?

First of all, she needs more calories than the student in an academic school or a young woman of equal activity in a different environment, in order to increase her resistance to disease and fatigue. Second, a greater variety is needed than is furnished in the majority of schools. There are many departments in a hospital where economies can be exercised without retrenching for the nurses' table.

The time allowed for meals should be as carefully regulated and adhered to as that for recreation hours. Nurses too frequently feel during a meal, the imperative need of returning promptly to a ward where the physical and mental demands are great because it is undermanned. Service is frequently mediocre. These conditions are not conducive to a wholesome enjoyment of meals and they react unfavorably on the digestive system, resulting in constipation, appendicitis, autointoxication and trouble of like nature.

Do we observe the aesthetics in a dietary as much as we might? The dining rooms in many schools leave much to be desired. Are the heavy, unsightly dishes, which we frequently see, necessary? Does the table linen receive proper consideration?

Flowers and pictures in a dining room contribute much to the pleasure of dining. The detail of a dietary must be solved in the individual hospital. A few general hints may be helpful; for example, nurses should have fruit every morning. Morning lunches are desirable if they do not tend to cause tardiness in the dining room.

Attention to night lunches is frequently incidental, the preparation being left to inexperienced pupils or indifferent maids.

A proper proportion of proteids, fats and carbohydrates is necessary. How many times have we criticised a diet which was composed of carbohydrates, even to the dessert, with not a trace of color in the menu to add any tone. We can imagine the state of mind of a tired, hungry pupil coming to the dining room and having such a meal as that served.

Personal hygiene.—This should be taught from the very beginning. Not only taught, but it should be someone's duty to see that the principles are carried out. There are many little violations and small infringements against nature's laws, that in the aggregate amount to big things. Again we are reminded of the youthful age of our present students and hence the increased responsibility of the superintendent of nurses. Such practical hints as frequent bathing, proper care of hair, feet, and teeth, supervising of hours off duty, with the thought of securing the proper amount of air, are important. Prompt attention to minor ills is all important and many times prevents more serious illnesses. Consideration of pupils during the menstrual period is often neglected and results in the nurse resorting to drugs, not infrequently with serious consequences.

Clothing.—Her wearing apparel requires attention from a hygienic viewpoint. High collars are deplored by all students and teachers of speech. It is generally conceded that the constriction of the high collar reacts consciously or unconsciously on the nerves of the wearer, also upon the breathing apparatus, inhibiting the proper transmission of air through the air passages in the region of the throat. A comfortable, becoming collar should supplant the bishop collar. High shoes should be worn, with a common sense heel, but the kind of shoe should be determined by the requirements of the individual rather than a certain prescribed type of shoe. Careful attention should be paid to such conditions as hyperhydrosis, and the onset of arch trouble should be promptly corrected.

Light gymnastics, especially with a view to securing and maintaining a correct carriage, should be practiced. We find too many round-shouldered nurses in our schools. Speech classes conducted in a school are not only valuable for the teaching and development of self expression, but for the benefits derived from development of the chest and the strengthening of the whole respiratory apparatus.

Recreational facilities.—Play is one of the most important instincts and should be developed in a child and continually stimulated through adult life. So long as we live, we need to play. There is no class of women that needs relaxation and recreation more and have

less provided than nurses. Recreation is difficult for a nurse to obtain and enjoy, because her work is often done under the stress of great fatigue. Naturally this lessens her capacity for enjoyment.

Young people lack resources to-day. In America there is the tendency to commercialize all amusements and entertainments. For example, all young people enjoy the "movies." While these are entertaining, they leave nothing to the imagination, so their value is limited. The pleasure of good plays and operas should be cultivated, but these are prohibitive for the average pupil, therefore she is left to her own resources for amusement and to the pleasure that may be provided by the Ladies' Aid, the trustees, or friends.

In reviewing possibilities, let us consider first the nurses' home. This should be made as attractive as possible. Aim to make it a comfortable place to live in, and have a homelike atmosphere prevail. Let the reception rooms be open to friends of both sexes. I cannot see the harm in allowing free association between the sexes in the home, but I can see very definite harm in clandestine meetings. Have the student nurses observe the same proprieties, the same consideration for each other, and exercise the same principles, the same freedom, under supervision of course, that would obtain in any good home.

So far as is possible and consistent, have a modified student government supersede the autocratic discipline that is so crippling to a spirit with initiative, and so subversive to the expression of one's individuality.

We believe the advent of a social director in some of our schools is not far distant, but there are many schools where this will not be possible for a long time, so it is necessary to consider the practical side of the problem of recreation, rather than the ideal. We must depend upon cultivating the dormant qualities and resources in our students, and right here, I would like to say that their apathetic mental state is frequently a reflection of our own. We are so repressed by heavy responsibilities, incident to administrative work in a hospital, that we lack the enthusiasm and spontaneity that are so life giving and productive of virility, and too seldom found in our training schools.

We should aim to have our school family something more than a mere working organization, there should be a sympathy almost equal to that of a real family, and when a school spirit prevails, there are many interests that can be stimulated, such as organizing glee clubs, dancing classes, reading clubs, JOURNAL clubs and other social bonds. Working out the details could be made full of interest.

The serving of tea, weekly, by different classes, is a pleasure

enjoyed by all. When it is possible to have the ground space, organize tennis clubs and hold regular tournaments.

Swimming should be encouraged and dancing indulged in by everyone. All these are hints which have been tried successfully and have resulted in a happy state of mind, and a happy, contented mind promotes a healthy body.

Discipline and its forms.—The value of military discipline, disapproved by the best thinkers in the profession, is giving way to a more humane treatment of situations arising and such forms of discipline as prolonging a night duty term or forfeiting hours off duty, do not belong to the realms of intelligent training-school administration.

In this paper I do not feel that there is anything new, but rather an emphasis is placed on questions which occupy the minds of superintendents and we can consider them in the light of interesting, concrete problems which have to be solved.

"CUPS FOR COLDS"

THE BARBER, THE SURGEON AND THE NURSE

BY MABELLE S. WELSH, R.N.

New York

One who enters the homes of the lower East Side in New York as a visiting nurse is struck with the almost universal custom of cupping for acute, respiratory diseases. The evidence of the procedure persists for days in the form of circular patches, deep, purplish red in color. My very first patient "in the district" had been cupped, and I had a horrible picture of the eight or more areas on the little back breaking down and causing serious trouble. This apprehension was groundless, for the color simply faded out. What I had taken for burns proved to be simply discolored areas, hemorrhagic in type.

After one's first surprise, the next is to discover that the cupping had been performed, not by doctor or nurse, but by a barber! We read in our History of Nursing that the "unlettered and crudely-taught barber-surgeon is still found in some countries of Europe, and in some of the foreign quarters of America. He is called upon to do cupping (bleeding, formerly one of his specialties, has died out, as has also leeching), and to apply some special treatment, such as counter-irritants, etc."

Now it is one thing to read such a statement and quite another to discover for one's self that the more or less despised barber is still

a humble member of the medical profession. In shop after shop on the East Side the cups prominently displayed by the barbers speak for themselves, but occasionally one sees a sign for the benefit of the uninformed, English-speaking person, such as "Cups for Colds," or "Cups Placed Here." The photograph of the broad back of a patient upon which a dozen or more cups are "placed," forms a telling sign, but the most up-to-date one states, "A graduate nurse is employed for cupping."

I understand, at last, the scorn with which some of our foreign-born internes, in the hospital, regarded what must have seemed to them a most meager equipment of cups, for the barber has dozens which he carries about in a suit case. He is often called in before the doctor or nurse, the cups being used as a first-aid procedure. The area cupped is extensive, from the neck to the end of the spine, sometimes, and extending well out on the anterior chest. I hope to be so fortunate as to see a skillful manipulator of the cups at work and would far rather that *he* demonstrate the procedure to a group of probationers than attempt, myself, to make the cups *stick*. He, surely, has no difficulty in that respect.

What interests me most, however, in connection with the barber, is his ancient history, not his modern pursuits. We, as nurses, are struggling to develop our work as a profession. It is of interest to know that others, who are much more firmly established than we are, have had a similar struggle. The surgeon, in particular, has not always held the proud position that he occupies to-day. We learn that it was quite as difficult for him to establish a separate branch of medical science as it has been for nurses to maintain a position other than that of the "hand-maiden" of the physician. In the twelfth and thirteenth centuries, the monks (who monopolized general medicine) were obliged to limit their surgical practice, and did this by sending out their servants or the barbers of the community, to perform bleeding, extracting of teeth, and similar services, and in this manner, arose the craft of the barber-surgeons. There was also a body of so-called master-surgeons who were trained in a college founded by St. Louis in 1268, in honor of two famous monks, St. Cosmos and St. Damien. The difference between the barbers and their masters was slight, and a law was passed to prevent the former from overstepping his bounds. He was restricted to his original limitations, unless examined by a master-surgeon. The barbers, in 1372, were only allowed to dress open wounds, bruises and boils. For several centuries, surgery was considered much inferior to medicine, and the barber was used as a cat's paw in the game of adjustment necessary between medical and surgical men, because of the jealousies existing

between them. The universities were not open to the surgeons, who were therefore unable to obtain any instruction in anatomy, since they were taught and licensed by the physicians, who did not study anatomy, thinking it unnecessary. In 1505, the barbers in France were called surgeons, and made such progress that, in 1655, surgeons and barber-surgeons were incorporated in one college.

The *Living Age* of January 4, 1919, has an article entitled, "Barbers." In this we are reminded that the barber's calling is a much more ancient, *distinct* calling than surgery. The Egyptians were a shaven people, as are the Chinese. The barber-surgeon of the Middle Ages is described as "proud, dictatorial, mysterious, soft-footed, and policy-pervading, the true agent of the sinister Louis XI."

The barbers of England were incorporated by Edward IV in 1461. Henry VIII granted the barbers and surgeons a charter as a single corporation. He confined the barber's share in surgery to blood-letting and the extraction of teeth. He also forbade the surgeons to practice "barbery or shaving." Not until 1745 were barbers and surgeons finally separated by George II.

Mention was often made of the barber in literature. Milton speaks contemptuously of barber-surgery and DeFoe makes his cavalier complain bitterly that "no surgeon was to be had but a sorry country barber."

The barber was still an important person in England in the eighteenth century. The sign of his old trade, blood-letting, is still common, (the barber's basin, in miniature, hung to the old familiar pole), on back streets of seaport towns in England, and is universal in Normandy. The barber's pole, itself, is a symbol of surgery, not "barbery or shaving," the well-known stripes representing the bandages which were bound around the blood-let arm.

We find the barber in New York still active at his ancient calling and the acknowledged expert in the field of counter-irritation. Some years ago his treatments were much more drastic, and Miss Dock tells us the story of a hot pack which was ordered by a physician for the child of recent Russian immigrants who, according to the old-world custom, called in a fellow-countryman, a barber. He gave the hot pack by using the fumes from quicklime in such a barbarous manner that the child died from the resulting burns.

In recalling these facts about the barber, we realize the slow process which has produced the surgeon of to-day, and remembering, we take heart. We are travelling much the same road. We, too, were for many years, and I regret to acknowledge, still *are*, in many instances, taught, examined and even licensed by physicians. We, too, are excluded from medical schools, and where could we learn so well

the great principles upon which our modern nursing is founded? It is also the wish of many physicians that we be kept an illiterate, subservient body of women,—and the so-called “attendant nurse” serves the purpose of the cat’s paw between us and the medical profession, much as the barber did, not so long ago, between physicians and surgeons. As the barber still plies his old trade, so probably will the “attendant” in some capacity or other, be always with us, but that this type can best serve the interest of the community is absurd. She was tried and found wanting many years before schools of nursing were ever dreamed of.

In our organization lies our strength. North, South, East and West nurses are banded together in great associations, and these associations were founded, not in the interests of *nurses*, but of *nursing*.

First, the art, then the science, has been the experience of music and medicine, as well as nursing. We had our Sairey Gamps;” but before the surgeon, came the barber.

CHARACTERISTICS OF THE SUCCESSFUL TUBERCULOSIS NURSE¹

BY L. C. RAMBO

Carlsbad, Texas

We wish to discuss some of the essentials of tuberculosis nursing, under the headings, Prevention, Personality, and Tact. Of these, prevention is the foundation upon which the nurse must build her substantial schemes, aid the physician, teach the patient, and educate the public to battle successfully against the Great White Plague.

It is a significant duty to teach prevention, both to individuals and to communities. We must instruct the patient in right living. He must be thoroughly taught in order to remove, as far as possible, every danger of infection to his fellow man, an infection which is too often attributable to his carelessness. The tuberculous patient who has been properly instructed is not dangerous to other persons, in fact, he is safer to live with than is the average man or woman who makes no effort to protect other people from disease.

We realize that a majority of our patients have lost a great portion of their vitality; they can never be as vigorous as they once were, and they must be taught and shown how to conserve their physical and mental strength for the remainder of their lives.

¹ From an address given to the graduating class of the Texas Tuberculosis Sanatorium, Carlsbad, Texas.

Again, the nurse must have an individual personality. By this I mean that intangible thing which differentiates us from other individuals, which exercises a powerful influence over the sick whom we serve, and over the well with whom we associate. Nature has endowed us with certain gifts, qualities, and tendencies which must be developed in the right manner, before we can succeed. We must recognize the good and eliminate the bad. This will strengthen our weak points and aid us in cultivating a pleasing personality. The center of good character is found in the will to do right, and it cannot be too much emphasized, for when good character is present, other weaker elements are excusable; and when it is absent, nothing else can take its place. Under all circumstances the will to do right is possible to everyone. With the right think in view, all can make a beginning, and all can meet on the same plane of common faithfulness. We cannot deal with human suffering, with the desperate struggle of the fallen to get upon his feet again without being forced to meet and answer as best we can the great problem of human life and destiny.

There is another significant characteristic which must be considered, namely, tact. The tuberculosis nurse must possess extraordinary tact in dealing with the patients. In the operating rooms, technique is highly developed. The nurse who is successful in surgical nursing must spend much thought and time in perfecting her technique. She does not wait for the surgeon to make his wants known, but anticipates his every move and is ready with what is necessary. In nursing tuberculosis patients, we should often substitute tact for technique. We, of all people, must be the most tactful, if we are to get the maximum results from our patients. Like the surgical nurse, we must anticipate every situation and be ready to meet it. Once you have the confidence of the patient, it is easy to direct him in the right way of living, but we can never gain and hold his confidence unless we are in every respect worthy. We must assist the physician in changing the lives of our patients. In too many cases their personal hygiene and habits have been misdirected; their manner of living has been conducive to the development of tuberculosis; and to get lasting results we must teach them how to conduct themselves properly, in order that they may live correctly with their contracted malady. It is an easy matter to "get by," as the saying is, in nursing the patient; but if we are conscientious, we cannot allow a patient to spend his time unprofitably, and to go away without being a better individual morally, mentally, and physically.

Tact may be defined as a ready power of appreciating a situation, and of doing or saying that which is most suitable under all circumstances; in other words, it suggests that keenness of perception which

enables the nurse to prevent awkward situations and to avoid difficulties arising from temperamental differences; it is the happy art of keeping things running without friction, of smoothing out ruffled dispositions by a few well chosen remarks, or by an adroit turn in the conversation. The untactful nurse has a difficult time, her work is abrupt, her disposition is obnoxious, and her patients are upset. Although she may be conscientious and faithful, yet her untactful procedure renders her unpopular with her employers and repulsive to the patients.

Furthermore, the untactful nurse is often thought to be self-opinionated,—that is, disposed to argue points, when it really makes no difference, being confident that she is right and that the patient and his friends are wrong. Thus does she create trouble for people in authority by her inability to smooth out the minor grievances among the patients, and prevent their assuming large proportions in their minds. She is apt to feel that the patients' likes and dislikes are of small importance. Two of the best methods to use in correcting such a situation are to try continually and honestly to get the viewpoint of the other person; also to endeavor to see how he looks at the matter and to practice thinking before speaking.

A lack of sympathy is often at the bottom of a difficult situation which arises from the lack of tact. A spirit of genuine every-day kindness in a nurse is quickly felt by most patients; and one does not often find that troubles arise from lack of tact when the patient is fully convinced of the nurse's real desire and effort to be kind. Occasionally there is encountered a grouchy person who is at odds with the world in general, and on whom kindness seems to be thrown away; but these people are exceptions. To thoroughly understand the patient we must, in most cases, try to see him or to imagine him in his home environment; we must see him both alone, and with his associates.

Too often we are inconsiderate with the indigent patient; we think that he should be profoundly grateful for all that is being done for him, we frequently fail to appreciate how it must irritate some natures to become dependent on the bounty of the State. We do not realize how it must "gall" and fret a man or woman with an independent spirit to occupy a charitable bed. We forget that in most cases, an enforced stay in a sanatorium means loss of wages and heavy debt, worry over being unable to resume work soon, anxiety over family problems, over-due rent, perhaps hungry children,—all these and more. Yet in our short-sightedness we see none of these things in the background as we move in and out among the patients. We need not only tact and good judgment, but a kind heart and a sym-

pathetic mind that desires keenly to understand the whole man. We need to look beyond the standing order and the general routine.

In one bed we see a man who has struggled to make a small payment on a little home which will be his some day, provided his payments are kept up. We can readily see how difficult it is for a nurse to keep that man from worry and mental anxiety; but it must be done, if the patient is to recover. In another bed we see one whose life has been one long struggle with adversity, on whom troubles have followed fast on each other, and who looks out into the future with dread and apprehension of what it may hold for him and his dependents. Again we may see a boy or girl who has had to give up the cherished ambition of high school or college, because of the drain on his or her health. These people not only need the assistance of a specialist in this work, but they must have a brighter future pointed out to them, in order that they may get a new grasp on life.

There are so many things about our patients that we never see because we do not really try to understand them. A clear understanding of people is rarely obtained until we learn something of what constitutes pleasure to them, and what their ambitions and disappointments have been. I am sure we would be a little more patient, a little more kind, a little more attentive, and a little less mechanical, if we could see back into their lives more clearly. It is part of our duty to see these things, and to nurse the individual and not simply his disease. We must remember that we are dealing with burdened, hungry souls, as well as afflicted bodies.

The general public has only a crude knowledge of what should be expected of the tuberculosis nurse. The average physician or graduate nurse expects nothing, because in the medical schools and the training schools very little is said about tuberculosis work. Tuberculosis patients are not often accepted in hospitals where doctors and general nurses are trained. The general opinion of the uninstructed public is practically the same; they think there is nothing to tuberculosis work; that the disease is inherited and cannot be cured; in fact, that there is nothing to know about it.

We, as nurses, must be ambitious to overcome the obstacles and difficulties which are sure to arise in our particular line of work. We need to exert our best efforts in helping to standardize tuberculosis nursing. The National Association for the Study and Prevention of Tuberculosis is striving to put into practice a higher standard and we should coöperate with our specialists in their attempt to establish this standard both in the private and the public sanatoria.

DEPARTMENT OF NURSING EDUCATION

IN CHARGE OF

ISABEL M. STEWART, R.N.

TEACHING ANATOMY AND PHYSIOLOGY TO STUDENT NURSES

KATHARINE INK, R.N., B.S.

Visiting Instructor, New York City

In planning a course in Anatomy and Physiology for students in a School of Nursing, several points must be considered: (1) The number of hours available. (2) The general educational background of the group, which will influence one's choice of material. (3) The facilities for laboratory work.

On the basis of 60 hours, which is the time given to the course in the four schools in New York in which I am teaching, we give 30 hours to lecture, in which new material is presented to the students and important points are emphasized before the lesson is studied; and 30 hours to demonstration, laboratory work and oral quiz. Short written quizzes are given at intervals outside of class, and these grades, together with recitations, final examinations and note books, make up the average for the semester's work.

There is room for much difference of opinion as to the method of approach in the study of Anatomy and Physiology, since it is to many students an entirely new subject. We begin by giving a brief historical outline which stimulates interest, discussing first the primitive ideas of the body and cause of disease, then the work of Hippocrates and Galen and the reasons for the long, dark period up to the time of Luther, during which time no research work or anatomical study was allowed. Among others we speak of Eustachius and Fallopius, Vesalius and Huxley, and also Schleiden and Schwann, both of whom developed the cell theory, one in his work with plants, and the other with animals. Virchow's name is familiar to them if they are beginning the study of bacteriology and the work of Charles Darwin leads up to the theory of evolution, and what the evidences are which have made the theory accepted by all scientists.

The best reference book for the historical part is Andrew Dickson White's *Warfare of Science with Theology*, and it should be in every school library. *Applied Biology*, by Dr. Bigelow, gives a chapter on Evolution and we also use Osborne's *Men of the Old Stone Age*, and Crampton's *Theory of Evolution* as reference books.

The logical method seems to be to study the cell as the unit of structure, next, and gradually build up the intricate mechanism, the human body. If the schedule can be so arranged, it is well to give

chemistry first, then the students will be familiar with the chemical substances which make up the protoplasm of the cell. Their faces always brighten when some point in a new course is tied up with something they already know, and a certain amount of overlapping in subjects is an advantage, since it serves to correlate the material, and fix it in their minds. The functions of the cell are explained, how movement is produced, how the cell takes in food and gives off waste material and how it reproduces itself. It can be shown that every living thing manifests itself through eight biological systems, be it a one-celled animal like the amoeba, or a complex animal like man, and a comparison is made at this point between the biological systems of the amoeba and of man, one so simple, and the other so complicated in all its workings.

The laboratory work for this part consists of a study of the onion cell, which can be stained to show its parts. Plasmolysis is also taught at this point. Elodea, a water plant which can be bought at any fish and bird shop, shows best the movement of protoplasm, as it carries the chlorophyll bodies with it. This is studied under ordinary high power (500 X). Mitosis is briefly explained by charts, and is then taken up again when the reproductive system is studied, since by that time, the students have more background and it means more to them. Piersol's *Normal Histology* is used, principally for its illustrations, in connection with the microscopic work.

This leads up to the embryonic origin of tissue, and the formation of the ectoderm, mesoderm and endoderm, with the structures which come from each one of these layers of the blastoderm. This, too, is taken in more detail with the reproductive system. Next comes the study of the elementary tissues of the body, epithelial, connective, muscular and nervous. The laboratory work for the study of epithelium consists of an examination of squamous cells from the inside of the lower lip. The students prepare the slides, stain them and examine them, and make drawings in the note-books. Permanent slides of columnar and ciliated epithelium are shown and also a bit of the epidermis of the frog under high power. The gill of the live oyster or the clam shows the movement of ciliated epithelium when mounted in some of the sea-water from the shell. The different kinds of connective tissue can be illustrated by meat obtained from the butcher, and one can always get an umbilical cord from the obstetrical ward to show the jelly-like tissue, Wharton's jelly. Charts are prepared by the students showing the general characteristics of each variety of connective tissue with its location in the body. Long bones are cut by the butcher, showing longitudinal and transverse sections. A chicken bone is treated with dilute hydrochloric acid to remove the

inorganic salts, and another is burned to remove the organic matter. Glandular tissue and special membranes are studied next. Charts are made to show the structure of glands, and these are carefully reviewed when the lesson is given on ductless glands.

We come now to the eight biological systems, which may be taken up in any order which the individual instructor finds best. We take the skeletal system first, in the study of which the human skeleton is used. It is valuable, too, to have a bag of odd bones, which are spread out on the laboratory table, to be identified and described by the students in an oral quiz. When this system has been completed, they transfer to their note books an outline of the skeleton and are given fifteen or twenty minutes in the laboratory period, to fill in the names of all bones, classifying them at the side of the page, giving the number of each and arriving at the correct total.

It is valuable at this point to make an excursion to the Museum of Natural History, where the students are taken first to the Darwin Room and there trace the evolutionary stages from the first alcove containing the protozoa, up to the last containing the mammals and primates. Next we go to the paleontology laboratory, where they see the workmen painstakingly removing and identifying the bones of the fossil remains sent to the Museum from different parts of the country. They are able to see how these bones of animals which lived 500,000 to 2,000,000 years ago resemble in shape and position the bones of the human body.

The muscular system is studied next, beginning with the classification and chemical characteristics of muscle tissue, and drawings are made from permanent slides of different kinds of muscle tissue. Frogs are dissected, using one frog for every two students, to show muscle tissue, and also the general position of the organs of the body. Bigelow's *Applied Biology* has very simple and concise directions for the laboratory work with labelled drawings. Assignments for reading are given from Josephine Goldmark's *Fatigue and Efficiency*, that they may see the practical application and correlate the theoretical study of muscle fatigue with the work which is being done to shorten hours of labor, and provide change and recreation for those who are doing monotonous work, involving one set of muscles. If the apparatus is available, muscle fatigue may be demonstrated by tracings on the smoked drum, stimulating the gastrocnemius muscle of the frog in this experiment. A little pamphlet of colored plates showing the attachment of muscles and what happens when certain bones are fractured, is put out by a drug firm in St. Louis as an advertisement for its medicines. These illustrations we cut out and paste on tag-board charts and they are hung in the class room so that the students may

consult them as they study the different important muscles in the body and their action.

Next we study the circulatory system. In the laboratory periods, the students make a microscopic examination of a drop of their own blood, examine slides to show varieties of colorless corpuscles, and dissect sheep hearts. They also make slides showing the effect of isotonic, hypertonic and hypotonic solutions of salt on the red blood cells. The sphygmomanometer is demonstrated and they are told how the red blood count is made. Each student makes out a chart showing the composition of the blood and the origin, function and fate of the cells. The new book by Jean Broadhurst, called *Home and Community Hygiene*, is invaluable here, giving as it does a clear explanation of body reactions, the work done by the white corpuscles, how anti-bodies are formed and how they act. The fact that 3,000 copies were sold in the first eight months, shows how it has been appreciated by students and instructors of physiology and bacteriology as well as of hygiene and municipal sanitation. Each student also prepares charts of the pulmonary and systemic circulation, labelling the principal arteries and veins.

At this point we take up the nervous system, since it is required for an understanding of what is to follow. Home-made charts of the neurone and the areas of the brain and the spinal cord are shown as the new material is being presented. The human brain is used to point out the lobes, the ventricles, the pituitary gland and the circle of Willis; and a decapitated frog is used to demonstrate reflex action by stimulating the nerves artificially, and producing reactions in the muscles to which those fibers lead. The comparatively simple structure of the brain and spinal cord of the frog helps the student to understand how changes have come about in the process of evolution.

The next system taken up is the respiratory, the haslet of the sheep being used for the laboratory work. Frog's lungs are also inflated to show the lungs in a simple form.

After this we discuss the ductless glands and illustrate the effect of over and under secretion by a set of photographs of patients with the various disorders of the ductless glands.

The digestive system is discussed next, and the students make out a full-page diagram of the alimentary canal, filling in the names of the parts, the secretion given by each, enzymes contained in each, the kind of food acted upon, the end products of digestion and the place of absorption. Slides are shown of all the different parts of the alimentary canal itself and also the accessory organs, and drawings of these are made in the note books. The accessory organs of digestion are studied and the portal circulation is given here since it

has been found that the students grasp it better than when it is given with the circulatory system. A chart of the portal circulation helps also to make this part clear. Since the time given to chemistry is rarely more than 20 hours, I have planned to give the entire time next year to the inorganic part, giving the experiments in organic chemistry here, to show the chemical factors of digestion. These include experiments to show the action on food materials of the various digestive fluids, and also the dialyzing power of different carbohydrates and proteins before and after digestion. Some of these experiments are given in Bigelow's *Applied Biology*. We use dialyzing bags for these experiments, and the Windsor bean to illustrate dialysis and osmosis. This bean is soaked in water, the outer coat is carefully removed and tied over the end of a glass tube, molasses is put in the tube, which is then suspended in a beaker of water. If preferred, a carrot may be used, but this is more difficult to prepare.

In studying the Excretory System next, we use sheep kidneys for dissection. Slides of kidney tissue are shown and drawings are made of the uriniferous tubule. The skin is discussed next and since its main functions are protection and heat regulation, the body temperature with its regulation is studied here, and we also discuss the skin as a sense organ, and correlate the structure of the skin with the procedures on the wards, hydrotherapy, counter-irritants and so on. Slides are shown of the skin and drawings are made.

Next we take up the reproductive system, both male and female, and as illustrative material I have a set of blue prints, illustrating every part of the anatomy and relative position of the organs, as well as the development of the embryo. A human fetus of six weeks and some embryo mice, providentially procured at the psychological moment, have added to the interest of this part of the work.

We leave the special senses until this time, though they may be given directly after the nervous system. Beef eyes are used for dissection and the students always show great interest in this laboratory period. An enlarged model of the ear is used as well as a most beautifully mounted specimen of the temporal bone, a part of which is hinged, so that it can be opened to show the semi-circular canals and the cochlea.

During the entire course, a few minutes at the beginning of the lecture period are spent in review, simply to gather up the threads of the last lesson, and to prepare the students for the new work. No material is ever assigned for study before it has been presented in class, which lessens the danger of wrong impressions and helps the student to classify her facts according to their relative importance. At the beginning of the course, each student is given a mimeographed

copy of the outline of the course. In this each lesson is outlined briefly, with sub-headings, and all reference readings with pages are indicated. The outline of the laboratory work which follows each lesson is also given. This saves the students' eyes and time, which otherwise would be spent in copying assignments. These outlines are cut and pasted in the No. 6 loose-leaf note book. A list of leading questions is also mimeographed, covering the main points of each lesson, and this is pasted in the note book. Names of reference books in the school library, with pages indicated where answers may be found, are given after each question. Of course all this means an enormous amount of work for the instructor in the first place, but it does pay, and the note books are of some value to the student when she finishes the course. It has been found that the students do far better work if an intensive course is given, so in the schools in which they are off the wards during the first few weeks of the preliminary course, we give six hours a week in three two-hour periods, covering the course in ten weeks. The pathological side is constantly being seen on the wards, so the students are quick to correlate the practical work with the class room theory. There is an opportunity in the hospital to show pathological specimens and everywhere I go I find that spirit of coöperation and helpfulness, and a willingness to provide material and help, make the work a success. It is certainly the most interesting subject which the students have, and is the basis of all their practical procedures, so it is gratifying to see their interest grow. The suggestion was made by an instructor the other day, that we might make physiology more vital by giving a short simple course in the first year, to be followed the second year by a more detailed course when the students have the background of ward work. That might be carried out if the schedule were not already so heavy, but now it seems wiser to put most of the basic sciences early in the preliminary course, emphasizing the fact that this is only a beginning and that the students individually may add to their knowledge if they cultivate an inquiring attitude of mind.

We use the 5th Edition of Kimber and Gray, *Anatomy and Physiology for Nurses*, as a text book, and references are assigned from other books which we have in the library of each school. Among the most important books, not already mentioned, are Howell, *Text Book on Physiology*; Halliburton, *Hand-book of Physiology*; Dawson, *Anatomy and Physiology for Nurses*; Emerson, *Essentials of Medicine*; Huxley-Lee, *Lessons in Elementary Physiology*, which is especially good for digestion, the eye and the ear; Sherman, *Chemistry of Food and Nutrition*; Harrower, *Practical Hormone Therapy*; Stiles, *Nutritional Physiology*.

THE RED CROSS

BY CLARA D. NOYES, R.N.

Acting-Director, Department of Nursing

THE CANNES CONFERENCE

"To cooperate for the health of the world," the leading medical and nursing experts of the world met, beginning April 1, at Cannes, France, at the request of the Red Cross Societies of Great Britain, France, Italy, Japan, and the United States. Members of the medical and nursing professions who attended this conference were as distinguished in their field as were the diplomats conferring at the peace table at Paris. France was represented by Dr. Roux, the discoverer of the diphtheria antitoxin; Dr. Laveran, discoverer of the malaria parasite; Dr. Calmette, of Lille, renowned for his fight against tuberculosis; Prof. Pinard and Dr. Risé, of Laennec Hospital; Doctors Armand Delille, Maurice Penu, and Leon Bernard, and Professors Courmont and Vidal. Italy sent Bastinaelli, and Senator March Lafava, malaria experts; Dr. Golgi, a nerve specialist; Prof. Castellani, discoverer of the parasite which causes sleeping sickness. Sir Arthur Newsholme, Sir Ronald Ross, Sir Robert Phillip, Dr. Henry Kenwood, Dr. Ray Menzies, and Dr. Truby King, whose work has helped to make the New Zealand death-rate the lowest in the world, represented England, while Doctors Kabeshima and Nawa of the Japanese Army and Navy, represented that country.

The United States had good reason to feel proud of her delegates. Dr. William H. Welch presided over the meetings, and Dr. Emmet Holt was secretary of the executive committee. Other delegates were Henry Morgenthau, Col. Richard Strong, discoverer of the cause of trench fever and organizer of the conference; Doctors Wyckliffe Rose, Frederick Russell, Samuel M. Hamill, Lindsay Williams, Livingston Farrand, William F. Snow, Hugh S. Cumming, Herman M. Biggs, Fritz Talbot, William F. Lucas, and Albert H. Garvin. Julia C. Stimson, Chief Nurse of the American Expeditionary Forces, and Carrie M. Hall, Chief Nurse of the American Red Cross Commission to France were present, while Lillian D. Wald represented both the Red Cross Nursing Service and the Federal Children's Bureau.

The program of the conference, to quote Miss Wald,¹ really centered about the realization of Article XXV, of the covenant of the league, under which members of the league agree to encourage and promote the establishment and cooperation of duly authorized voluntary Red Cross national organizations, having for their purposes the improvement of health, the prevention of sickness, and the

¹ *The Survey*, May 31, 1919.

mitigation of suffering. It should be remembered that the Cannes Conference was a conference of experts, called by a committee of Red Cross Societies, and not a conference of the Red Cross Societies themselves, and its recommendations, therefore, are in the nature of the endorsement of a program which those experts already had sketched, with certain suggestions for immediate work.

Julia C. Stimson, Chairman of the Committee on Nursing of the Conference reports as follows:

Under the auspices of the Committee of Red Cross Societies, the following representatives of the nursing profession were invited by their respective national Red Cross Societies to attend the Conferences at Cannes in order to form a nursing committee: Miss A. W. Gill, Matron of the Royal Infirmary, Edinburgh; Miss Lloyd Still, Matron of St. Thomas' Hospital, London; Carrie M. Hall, Chief Nurse, American Red Cross Commission to France (in the unavoidable absence of Miss Delano, then ill at Savenay); Professora Amelia Anselmi Maletesta, Secretary to the *Ispettrice Generale delle Infermiere Volontarie Croce Rossa Italiana* (SAR Duchessa d'Aosta); Contessa Nerina Gigliucci, Infermiere Volunteria, Croce Rossa Italiana, and Comtesse Roussy de Sales of the French Red Cross (*Secours aux Blessés Militaires*).

This Committee on Nursing made the following recommendations to the Executive Committee of the Conference:

The proposed Central International Red Cross Bureau should include a Nursing Department, the chief objects and purposes of which should be:

1. To act as an intelligence center, to collect, analyze, and distribute information regarding all matters pertaining to nursing and to women's work in Public Health, such as infant welfare, housing, social service, etc.
2. To undertake propaganda in countries where trained sick nursing and public health work are not at present fully developed.
3. To seek out in these countries (paragraph 2) suitable personnel for training both in sick and public health nursing and to advise and assist them to get the necessary training and to send them back to their own countries as pioneers.
4. To arrange for conferences of representative nurses and health workers from all countries for the interchange of ideas, etc.

PERMANENT RED CROSS ORGANIZATIONS

1. *International*: It is recommended that in connection with the proposed International Red Cross Bureau there be a section of the Department of Nursing, with a resident Secretary, who shall be a representative of the nursing profession.

2. *National*: It is recommended that in addition to their present duties, National Red Cross Organizations keep permanent registers of trained nurses available for any national or local emergency, and that they also keep registers of Red Cross workers, with data of their experience, for similar service.

In conclusion, we feel that many of the subjects which have been under discussion are very far-reaching, and must necessarily affect large groups of workers, and that therefore no decisions should be arrived at by a few individuals, but that these subjects should be referred to a larger and more representative body of professional women, and should preferably be considered after the Committee on Red Cross Societies has concluded its deliberations, and outlined the future activities of the International Committee, as it is desirable to know what fresh opportunities will be opened up for nurses and other health workers.

REORGANIZATION OF THE NURSING SERVICE IN FRANCE

Replacing the Red Cross Bureau of Nursing at Paris, which has hitherto supervised Red Cross nursing activities only in France, a Bureau of Nursing has recently been created to include all parts of Europe. This Bureau will make its headquarters at Paris, and through it, nurses will be supplied to all Red Cross Commissions to various European countries. The Director of this Bureau will act in an advisory capacity to Chief Nurses of such Units, and will receive reports from them. She will also continue to direct the nursing activities in France, and will hold in reserve a group of nurses who will be placed in institutions near Paris, with the understanding that they may be withdrawn for Red Cross work whenever the need for additional personnel arises.

Alice Fitzgerald, of Baltimore, Md., has been appointed Director of this Bureau, and is now responsible to the Red Cross Commissioner to Europe, and to the Department of Nursing, Washington, D. C. Born of American parentage in Italy, educated in France and Germany, Miss Fitzgerald came to the United States to take the nursing training at Johns Hopkins Hospital, Baltimore. After her graduation, she was superintendent of the Training School for Nurses at Robert Long Hospital, of the University of Indiana, and at Wilkes Barre, Pa., City Hospital. She also helped reorganize the surgical service at Bellevue Hospital, New York City. She was sent to France in 1916 as the Edith Cavell Memorial Nurse, by a committee of prominent Bostonians. Upon the entry of the United States into the war, she asked to be transferred to the American Red Cross, and in May, 1918, was placed in charge of American Red Cross nurses serving with the French *Service de Sante*, in caring for American wounded in French hospitals. At one time, Miss Fitzgerald had over 180 Red Cross nurses and French-speaking aides, under her direction in this work.

After long and able service with the Red Cross Commission to France, Carrie M. Hall has resigned as Chief Nurse in that country. Miss Hall for some time directed the American Red Cross Nursing Service in England, and later succeeded Julia C. Stimson as Chief Nurse of the American Red Cross in France. Through the trying days of the summer and early fall, 1918, she labored with characteristic patience and sympathy in the interests of the Red Cross and the Army, looking after the countless details connected with the arrival and departure of hundreds of Red Cross nurses. Miss Hall left Paris, May 22, for Brest, and later for the United States.

RELEASE OF NURSES FROM MILITARY SERVICE

With the demobilization of the Army, and the Navy Nurse Corps, and with the release of nurses from Red Cross activities overseas, many American nurses are now gradually returning to their homes and former positions. At the signing of the armistice, there were 17,956 Red Cross nurses serving under the Army Nurse Corps; 8,849 have now been released from this service; there are still 9,107 reserve nurses in the Army Nurse Corps. In the Navy Nurse Corps, to which the Red Cross assigned 1,058, the total number released has been 425. Twenty-three have died; thirty have been transferred as regular members of the Navy Nurse Corps. Of the 284 Red Cross nurses assigned to the United States Public Health Service, 124 were on duty May 1st. Under the Red Cross, overseas, of 604 in service at the signing of the armistice, 281 have now been released.

American Red Cross nurses are now serving in the following countries: France, The Balkans, Serbia, Montenegro, Roumania, Greece, Italy, Russia, Palestine, England, Germany (with the Army of Occupation), Siberia. The larger number is still in France.

The Siberian Unit of 140 nurses is now complete, and all of this group have either sailed or are now waiting travel orders. Anna L. Tittman, a graduate of the Springfield Hospital Training School, Springfield, Illinois, with post-graduate work at Johns Hopkins Hospital, and Bellevue, and with large experience as Inspector of Training Schools for Illinois, and who has also served at the Department of Nursing in the Red Cross Central Division, has been appointed Chief Nurse of the Red Cross Commission to Siberia, and sailed from San Francisco May 26.

THE RED CROSS BUREAU OF INFORMATION FOR NURSES

The Acting-Manager of the New York Bureau of Information for Nurses, Florence M. Johnson, reported on April 26, at the last meeting of the Joint National Committee, that 3,133 Army Nurses have been released from service through the New York port, and that 1,925 of this number have reported to the Bureau of Information. Many of the nurses who have not reported are New York nurses, and they have sent letters stating that they will report later; 268 nurses in Red Cross Service overseas and 6 Navy nurses have called or written to the Bureau. As it is felt that many nurses are not availing themselves of the opportunities offered by this Bureau, special effort has been made to advise Chief Nurses before leaving the ship that each of her unit must report to the Red Cross Atlantic Division, and from here they are directed to the Bureau of Information in the same building.

The Division of Public Health Nursing of the Bureau of Information reports that from March 10 to April 1, 38 organizations and 167 nurses registered there. Of the latter group, 36 per cent were high school graduates, 20 per cent had received a normal school or college education, 13 per cent had had only a grammar school education. Of this group of 167, which may be taken as typical of the personnel now coming through the Bureau of Information, 6 spoke French fluently; 27 others, somewhat; 6 spoke German fluently, 11 somewhat; 2 spoke Swedish fluently, 4 a little; others spoke Danish, Italian, Norwegian, Finnish, Welch.

Of this group of 167, all but 14 left the Bureau with some definite plan mapped out for their future work.

In order that the nurses may be interviewed with the least possible loss of time, the staff of this Bureau of Information has been increased. In talking to the nurses now returning, it has been observed that they seem especially interested in industrial nursing, although the majority of them are attracted by Public Health work of all types, and many have availed themselves of the scholarship and loan funds which the Red Cross has appropriated to equip nurses for this field.

One emergency call which the Bureau of Information met was to supply, on three days' notice, five nurses to prepare themselves for positions as industrial nurses in Boston.

The Division of Institutional and Student Assignment gives an exceedingly interesting report covering the same period of time.

Four hundred and ninety-seven nurses have applied for all types of institutional positions, ranging from superintendents of training schools to X-ray operators; 54 of these nurses have, during the twenty-one days of this report, accepted positions applied for through the Bureau.

On the other hand, requests have been received from institutions for 988 nurses, differing widely in their varied specialized fields; 79 nurses have accepted these positions, their names having been referred to the institutions by the Bureau, and the function of the Bureau of finding "jobs for nurses, and nurses for jobs" is now well under way.

RED CROSS TROUBADOURS OF HEALTH

Twenty-five Red Cross Nurses went out on the Chautauqua Circuits, approximately on June 1, and will speak to over 3,000 audiences, made up of small town and rural communities, in every State in the Union. A conference of these speakers was held at National Red Cross Headquarters, May 15-17.

FOREIGN DEPARTMENT

IN CHARGE OF

LAVINIA L. DOCK, R.N.

OUR INTERNATIONAL PROSPECTS

From the beginning of the time when nurses met in international relations, there have always been present under the surface at these meetings, lurking shades cast by the political outlines of their nationalities. While these were so well concealed as to be only perceived by sensitive natures, still they were there.

There was always the latent rebellion of conquered and oppressed Ireland reflected in the back of the minds of true-hearted Irish nurses. There was the deep, though silent resentment that looked out at our Paris meeting, when Sister Agnes Karll impulsively offered a toast "To Peace," to which only the foreigners responded, and, again, at the Cologne meeting when, very quietly and unobtrusively the French members stayed away.

There was evident, also, at that meeting, the dark shadow then cast by Czarist Russia over Finland. Even yet we do not know whether this shade will return or whether Finland, herself, can be trusted not to harbor it. And there was present another shade that had its origin nearer home; for at the meeting there were negro nurses from the United States, refined, educated, professionally excellent, who enjoyed in that foreign environment, a personal respect and total absence of race prejudice which they were denied in the land of their birth. With the ending of the terrible war, it seems as if these shades were to become intensified, rather than banished forever, and, in comparison with the high, almost exalted hopes first raised by the burst of popular idealism and longing for peace and for an end of wars, the prospects opening before us are doubly depressing, as treaty terms expose their weak points.

For instance, we have always loved our Japanese members, but so do we also love the little Korean nurses, trained as they have been by Americans, and the fine, splendid Chinese women who have come to us and to England, for their three years' training.

Now Korea and China both, have justifiable, unrectified grievances against Japan and, on the other hand, Japan has met at our hands a shameful denial of all our fine promises of world justice and democracy, in the refusal to recognize her racial equality. Can we easily again meet the Japanese nurses, so conscientious, unselfish, and sensitive as they are, without feeling ourselves to be Pharisees and hypocrites in the light of the elementary justice denied to them while their injustice to others is winked at? What uphill work will not the German Free Sisters now have, if they try to resume international

relationship! The horrors of "Schrecklichkeit" will dog their steps.

Is there, under such circumstances, much hope that our international meetings can, within a generation or more, succeed? And they were so inspiring, so delightful! Only in one case, and that a doubtful one. That is, that women institute a definite "strike" against man's old superstitions of hatred and vengeance,—against his horrible idolatries of Moloch, Mara, and all their train. That they refuse longer to be overawed by them and guided by them. That they declare a spiritual independence, an intellectual emancipation of all those shades of the past, and assert their purpose to set and follow different standards. We were about to say—new standards, yet there is one just two thousand years old, which is safe, and one cannot call it new. Just what was meant by the words, "Love your enemies"? Just who was Christ and what place do moderns really give to him? Do we believe his law of love was true, or just a fairy tale, or that he did not really mean it, and was really telling the world that it must keep on acting by the law of the jungle? It seems to us that the time is here, now, when sincere human beings, men and women, must take up a position in this respect, and maintain it.

THE ENGLISH SITUATION

The strength of torism (by which word we describe a point of view) in English nursing circles, is indeed amazing. The struggle of English nurses to gain self-government professionally, reads like a chapter of the labor movement and the contest between capitalism and organized workingmen.

The council of the Colleges of Nursing has sent a letter to its nurse members, advising them to ask Members of Parliament to *vote against* the Nurses' Registration Act now awaiting third reading. More than that, the College has had offered to the Act now pending, an amendment to substitute the word "person" for the word "nurse" in a context which would make it possible for nurses to be kept off the first and later general nursing councils.

The College of Nursing is resorting to all those parliamentary tricks which were employed in New York State by the opposition to the Nurses' Registration Act in that state. And the reason is the same—a determination to keep, if possible, the entire nursing body under the thumb (or heel), of some other social element; in our case physicians and hospitals, in the English case the united and banded employers. The College is also endeavoring to push its own bill through the House of Lords. Perhaps saddest of all evidences of disunion, is the recent formation of a second association of hospital matrons, formed by conservative women who have, until now, shunned every form of association!

DEPARTMENT OF PUBLIC HEALTH NURSING

IN CHARGE OF
EDNA L. FOLEY, R.N.

Collaborators: Mrs. Helen LaMalle, New York City; Mary A. Mackay, Denver.

THE QUESTION OF AIDES

So many places tried out aides with varying degrees of success during the epidemic, that the following paragraph from a letter to the editor of this Department is interesting:

With reference to the aides, they were young women who had helped us out in our Emergency Hospital work and gave excellent service there. In the district work they have gone on first calls with nurses, giving baths, enemas, preparing food formulas for babies, etc., under the supervision of the nurses. We have found that they have done excellent work and we still have some helping us who have proved their trustworthiness and who are sent in alone to give baths. We can also trust them in temperature taking. Our nurses have supervised practical nurses and laywomen in the homes but, particularly on pneumonia cases, we have found them lacking and many times the nurses have had to make three and four calls daily on pneumonia cases to see that things were all right. The demand for nurses has been overwhelming and I never knew our untrained women to be so helpless as they have been in this epidemic. I am sure our grandmothers must have had greater home nursing instinct than has the present generation.

Some of the aides were most unusual; one is the daughter of a physician and would give anything she possesses if her family believed her strong enough to take the training; another is one of the most intelligent, splendid volunteers we have ever had. Either of these women could turn her hand to anything at a moment's notice. If all of our aides were like them, we would gladly use dozens constantly.

Ohio: Toledo.—At the annual meeting of the Toledo District Nurse Association, the president called attention to the need of arousing community interest in public health, by presenting these statistics: 300,000 children under five years of age die each year in the United States, and it is estimated that one-half of these might be saved; 3,000,000 children go to school without breakfast or with insufficient nourishment, indicating our problem in malnutrition; 33.6 per cent of Ohio's men were rejected for military service for defects, a majority of which might have been corrected or prevented in youth; and over 100,000 die every year from tuberculosis. In their war work women were inspired to do something for their country and to alleviate suffering; these appalling figures prove the ever increasing need of preventive measures for which they should now work.

The Publicity Committee then planned a campaign to teach the public the laws of health and, by health bulletins in the press under

the name of the Association, to explain the need of keeping the body clean, of brushing the teeth, of fresh air, of wholesome food instead of too much pie, meat and fried dishes. To teach the ignorant, instructive pamphlets are to be wrapped in the packages of a popular department store, and a quarterly statement of existing conditions is to be sent the Association's contributors.

This organization has a staff of twenty-two district nurses, a superintendent, an assistant superintendent, two field supervisors, a social service worker, a dispensary nurse, a household educator and three office secretaries. After several years' trial, the general plan of nursing is an acknowledged success. All diseases except contagious are attended, but during the epidemic an exception was made and 1,533 influenza cases were visited. This, with the 2,188 tubercular patients and the scarcity of nurses, made the hardest year in the history of the Association, as there were 11,833 cases in all, but thanks to the faithful service of all, the society was equal to the most trying emergency.

The Harriet N. Thatcher Convalescent Home, maintained by the City Union of King's Daughters, put new life into many little ones last summer, and the Rotary Club's efforts on behalf of the Association's crippled children, will change the wretched life of many a little victim to one of useful activity. Over 9,000 babies were weighed and measured in coöperation with the Child Welfare Committee of the Women's Committee of the Council of National Defense, and all found under weight were called upon, and their mothers advised. The Baby Camp up the river, given by Mrs. Knight, conducted by the Association, and partially supported by interested friends gave 28 babies a new start in life last summer. The maternity cases numbered 785.

The hospitals of the city are now privileged to send student nurses to have a few months' experience in public health work. Besides their district visiting, the Superintendent arranges for them to work a short time with the Federation of Charities, the Juvenile Court, and other civic agencies, and they are required to attend the course of lectures and read certain books and articles. Thus many trained nurses are getting first hand knowledge of health problems and the most approved ways of solving them.

The social service worker has reconstructed many a family and secured pensions for several struggling mothers left to support hungry little children. The household education teaches them the cheap and nourishing foods to buy and the way to make them tempting. Thrift, cleanliness and the higher standards of American life are by this friendly method shown to the unenlightened foreigners in our midst. The running expenses of the Association were \$38,976.85 for the

year. There is an Ice Fund in memory of a nurse who gave her life to care for the sick in an extremely heated spell, and a Working Housekeeper Fund enables a cleaning woman to save the nurse's valuable time and extricate a home from dirt; there is also a Scholarship Fund. The Association was fortunate in having last year four contributors, each supporting a yearly nurse, and two memorial nurses who do for the living in the name of the dead. To broaden their horizon, different members of the staff are sent to out-of-town health conferences every year.

NEW PROFESSIONAL MAGAZINES

The Modern Hospital Publishing Company is putting forth another magazine called "Modern Medicine," with John A. Lapp as managing editor and an editorial staff composed of Alexander Lambert, M.D., and S. S. Goldwater, M.D.

The Hospital Social Service Quarterly, the second number of which appeared in May, is published under the auspices of the New York Social Service Association of New York City with an editorial staff composed of Dr. E. G. Stillman, editor, Miss Mary H. Combs and Miss N. F. Cummings, associate editors.

Both of these magazines are of value to nurses who wish to keep in touch with the constantly widening field of their professional world.

DEPARTMENT OF HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

IN CHARGE OF

ALICE SHEPARD GILMAN, R.N.

STUDENT GOVERNMENT IN TRAINING SCHOOLS

BY MARGARET CARRINGTON, A.B., B.S.

Student Nurse, Training School, Rochester General Hospital

In this era of transition when individuals are endeavoring to express and maintain their rights as members of society, it is interesting to note certain definite innovations arising in training schools for nurses. Of especial importance is the movement for the establishment of student government.

The exigencies of the war proved to be supreme tests of woman's ability, resourcefulness, and endurance, but in turn they have left a definite stamp on women. Some have fought the greatest fight in the world, the rescuing of men from death. Others remained at home to supply the necessities essential to the efficient conduct of the war. The results in both cases are identical. We have come to a more complete realization of our capabilities and responsibilities to society. The day of the clinging-vine woman is history. The almost nationwide approval of woman suffrage is indicative of this transformation.

In the training schools, a demand has arisen for the expression of the individual's rights in the administration of the social activities of the student nurses. The term "social" is applied to the interests of the nurse when "off duty," and is to be distinguished from the professional aspects of her training. It is the purpose of this article to discuss a plan for student government in a nurses' home, the advantages of such a system in the administration of the hospital, and the difficulties in making the plan successful.

Any scheme of student government should be based on the following principles:

1. The formation of a student government association consisting of all students registered in the training school.
2. The adoption of a constitution and by-laws.
3. A representative council composed of members elected by the various classes. The officers of the council are elected by the student body at a mass meeting. The president of the council is chairman of the student body, and presides at all meetings. She represents her class division. The vice president and secretary-treasurer are representatives of their class divisions, so it is well to suggest that the president be chosen from the senior class, the vice president from the intermediate class, and the secretary-treasurer from the junior class. If there are three divisions to each class, this arrangement will provide for a council of nine students.

4. A committee of appeal or a senior council which acts on the findings of the lower council. This body may include the Principal of the training school, who is chairman ex officio. It is composed of three or five head nurses elected by the student body. In the event that the Principal is not a member of the council, the council refers exceptionally important matters to her for consideration.

The question arises as to what is the scope of power vested in the lower council, and senior council. The members of the lower council serve as proctors of the several floors in the nurses' homes. They in turn appoint monitors who are responsible for the enforcement of the rules on their floors. The monitor reports offenses to the proctor and she reports the serious offenses to the lower council. The council sits in judgment on the cases and penalizes the offenders, or at its discretion, it may refer the case to the committee on appeal. It seems fair to allow the defendant the privilege of requesting that her case be referred to this committee. The council, at its first meeting, is empowered to introduce a system of penalties for use during its term of office. This system is referred to the association at a mass meeting, and is voted on by that body. If the student body approves, the Principal is asked to pass upon its decision.

All questions of legislation, as the adoption of new rules, are introduced in the lower council and referred to the student body for acceptance or rejection. Any member of the student body has the privilege of suggesting necessary and beneficial rules to her class representative in the council. The Principal of the training school may call a meeting of the council, and initiate legislation. It is the privilege of the council to confer with the Principal regarding any rule of especial importance which is to receive consideration by that body. All rules adopted by the student body and approved by the Principal are incorporated as by-laws to the constitution.

The School for Nurses at the Toronto General Hospital has a well organized and efficiently managed student government association. The constitution is similar to that suggested previously. The salient points in this constitution are as follows:

1. The government of this association shall be vested in a council. This council to consist of four officers and a committee.

2. The officers shall consist of an honorary president, president, vice president, and secretary-treasurer. The honorary president shall be the Superintendent of the School for Nurses of the Toronto General Hospital. The president and vice president shall be members of the senior class and elected by the association. The secretary-treasurer shall be a member of either the senior or intermediate class and elected by the association.

3. The committee shall consist of six members, one each from the senior and junior divisions of the three classes of the school. These members shall also act as officers in their respective classes.

4. Each class division shall separately nominate and elect its own committee representative within one week after the mass meeting. At this mass meeting the officers are elected.

5. There shall be a Committee of Appeal, consisting of the superintendent of the school, the assistant superintendent, and three head nurses. The body of head nurses is responsible for appointing these nurses. In the case of all findings and judgments by the council, appeals may be made to this committee. Before rendering judgment, the Committee of Appeal must confer with the council. Final judgment shall be in the hands of the Committee of Appeal.

The advantages of student government in the administration of the training school may be summed up under four heads. In the first place, the fundamental basis for the successful operation of student government is the honor of the individual nurse. If this quality is developed in her social life, it will carry over in her professional duties.

Student government develops a sense of responsibility. The student learns to handle efficaciously difficult situations. This sense of power may express itself with relation to her professional duties. She has acquired the ability to "use her head" and think quickly in emergencies. It is not a question of "Can I perform this duty?" but rather, "I will do it." The development of this sense of responsibility and self-confidence teaches the student when she becomes a head nurse to require the same power in the nurses under her.

The administration is relieved of its police duty. With student government, the nurses enforce the rules and adjust the penalties. Only in serious breaches of discipline is the Principal of the training school requested to assume control of the situation. In this way she is relieved of petty annoyances. Moreover, the students feel closer to the supervisors when they know that these authorities are not observing always the conditions in the homes.

Finally with the students regulating their own activities, a splendid coöperation is maintained. The machinery is oiled with happiness, and all the cogs fit smoothly. We have heard much about morale, that intangible magnetic force that inspired General Foch's Poilus to save Paris. It embraces the spirit of individual sacrifice for the benefit of the group, and results in efficient team work. Such morale manifests itself in any self-governing organization, and is one of the most important advantages of student government for nurses. The administration is benefited by this coöperation in several ways. In the first place, the petty jealousies prevalent among the members of the student body tend to become obliterated. This insures more satisfactory performance of the professional duties. Then, too, the tendency to form cliques is discouraged. When the executives have a problem to present, they are assured that they are dealing with a composite whole, and not a collection of individual factions.

In order to discuss adequately the problem of student government, it is necessary that the objections offered to such a system be considered. The first and most frequently advanced objection is that the student nurses as a body are not sufficiently mature to handle the difficult situations that arise under such a regime. To refute this point, one may argue that high school graduates, who in all probability have had a taste of student government in the various school activities, should furnish splendid material as members of an association. By the end of their second year, they should be able to assume the executive positions of the organization.

The basis for the successful operation of student government is the honor of the individual nurse. Will the students obey the rules and will those in authority discipline the offenders? This is a question that cannot be answered, because the situation varies in each institution. The honor system in its development must be watched as carefully as a wee infant. All that is conducive to the promotion of the student morale should be encouraged, and all that is deleterious should be eliminated. One dishonorable girl may sway other students. The right nurse at the head of the organization is a tremendous factor for the promotion of school honor. She must be an example for the other students. With determined, upright students who have the courage of their convictions, as executives, the successful maintenance of the honor system seems feasible.

Another objection advanced is that the students are not capable of understanding the fundamental principles of student government. It appears to them as an incoherent jumble of rules. To meet this situation, it may be well to introduce the system gradually. Eliminate room inspection by the supervisors for a definite period, a month possibly, and determine whether the students measure up to the standard required. The student monitor system of enforcing the night rules regarding the quiet hour, and "lights out" may be substituted for the "night rounds" that usually fall to the lot of some overworked graduate nurse.

This is, in brief, the case of student government for nurses at the present time. Whether or not it will prove a vital factor in the training of our future nursing body depends largely on the institution with its precedents, the authorities, and the student morale. Since it has worked so successfully at the Toronto General Hospital, why will it not be helpful in other institutions? Graduate nurses will be released from the hospitals who are able to meet and handle difficult problems. In short, the nursing body will be composed of trained women whose ideal in life may be epitomized in the term, service to mankind.

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELIZABETH ROBINSON SCOVIL

TREATMENT OF PNEUMONIA.—An article in the *Journal of the American Medical Association* records the result of experience in an epidemic of pneumonia at Camp Wheeler. Two methods were tried, the open air and the ward treatment. In the former the patients were kept in the ward with doors and windows open; chilling was disregarded, although plenty of blankets were supplied. The result showed a mortality of 13.9 per cent in 996 patients. In the latter the soldiers were kept warm, the chest being covered with a cotton jacket. The bed clothing was tucked in, arms kept under cover and protection observed in giving baths, changing beds, etc. Fires kept the air of the ward free from chill. The result was a mortality of 3.2 per cent in 435 patients.

HABITS AND HEALTH.—The *Bulletin of the Indiana State Board of Health* says the greater proportion of people are born healthy and their way of living makes them sick. The people of America are only 50 per cent efficient on account of ill health and disease. Apparently our population is 100,000,000, actually it is only 50,000,000. This is the result of wrong feeding, cranky immoderation, not enough air and sunshine, impure water and insufficient water drinking, alcohol, caffeine and nicotine additions, and our awful and absurd use of drugs and patent medicines.

CANDY IN MODERATION.—Dr. Ruth Wheeler, writing of children's food in the *Manual of the United States Food Administration*, says of sweets, that because of their flavor it is only too easy to eat too much of them. They are likely to cause digestive disturbances, to take away the appetite for other more valuable foods if eaten at the wrong time and, therefore, to cause anemia and bad teeth. They are entirely unbalanced foods, supply fuel and no building materials that are permanent. They must supplement and not replace other food. In moderation, after a good meal, they are in their proper place.

INCONTINENCE OF URINE.—A writer in a French medical journal concluded that micturition is not a spinal cord function, but a brain function, although long training has made it a subconscious act. Analyzing the urine is waste of time, and so is trying to cure patients with grave mental impairment. Waking the victim at night helps in training to overcome the habit. An electric current is of use, induced as follows: Place between the sheet and mattress, under the buttocks,

two flexible metal plates, separated by a layer of cotton. Two other plates are held on the pelvis in the belt of a suspensory. If urine seeps down to moisten the cotton below, the current passes on and the electric shock wakens the sleeper and causes the bladder sphincter to contract. Incontinence requires the service of a psychologist, rather than of a surgeon or urologist.

ANTHELMINTICS.—The *Journal of the American Medical Association* in discussing this subject, says that it has been found that the common earthworm reacts to all anthelmintics just as do the parasitic intestinal worm. Many toxic substances produce a primary irritation, resulting in the withdrawal of the worm from the neighborhood of the poison. Thus anthelmintics often expel the parasite, when not sufficiently concentrated to kill it. The less common drugs being still far from abundant, fresh pumpkin seed and squash seed, germinable, have been found highly efficient. The active principle is soluble in water but is destroyed by boiling.

WHAT IS THIRST?—In an editorial in the same journal it is stated that W. B. Cannon maintains that thirst is a sensation of local origin. The preëminent factor is the drying of the mucosa of the mouth and pharynx. True thirst is dependent on the fact that the salivary glands, which keep the buccal and pharyngeal mucosa moist, requires water for their action. Thus the diminishing action of the salivary glands becomes a delicate indicator of the demands of the body for fluid.

PREVENTION OF ANTHRAX.—Measures are being taken in England to prevent workers in anthrax-infected wool and hair from contracting the disease. It has been found that wool containing highly infected blood clots, can be rendered practically sterile by agitation for twenty minutes in warm water containing soap solution and a little sodium carbonate, assisted by squeezing through rollers. The same process is repeated in warm water containing 2.5 per cent formaldehyd, then another squeezing and drying in a heated current of air.

A copy of the JOURNAL for February, 1917, is wanted by Miss Nina D. Gage, Hunan School for Nurses, Hunan-Yale Hospital, Changaha, China. Anyone having this number to spare will confer a great favor by sending it to Miss Gage.

LETTERS TO THE EDITOR

Note: The Editor is not responsible for opinions expressed in this department. All communications must be accompanied by the name and address of the writer.

AMERICA'S FIRST GRADUATE NURSE WORKS FOR THE JOURNAL

Dear Editor: I have given a subscription blank to Mrs. ———. She promised me she would subscribe for the JOURNAL and she thought she could secure other subscribers. I am so lame that I cannot go about personally to urge nurses to subscribe, but I do all I can by the use of the telephone and pen. Hoping that many new subscribers may be found.

LINDA RICHARDS.

THE PROBLEM OF THE PRIVATE DUTY NURSE

Dear Editor: The demand for special lines of nursing, such as the public health nursing, Red Cross work, etc., have led a good many of us to think that the private duty nurse is not measuring up to the ideal some of us have of the other fields of work. I, for one, spent four years at private duty nursing and feel that I learned as much or more during those four years as I have in the same time at any other work. As a public health nurse, I value the lessons in home life that I have learned then, above any other training for public health work. I think all public health nurses should spend a few years in private duty nursing, not in the homes of the well-to-do in the city, but in the ordinary country and small town home. The inside knowledge thus gained makes the nurse much better equipped to direct the home life of the families under her supervision, later. For nurses in other lines of work to say that the private duty nurses are not filling a need is like the rude habit some children have of trying to tell their parents how to behave.

South Dakota

M. W.

LETTERS FROM NURSES IN SERVICE

I.

Dear Editor: We are at sea, on the good ship Haverford, somewhere in the Gulf Stream, 2000 men and officers, and nine nurses, of the American Army, coming home. The private duty nurses on board this vessel wish to thank you for your royal welcome that you have given us in our April JOURNAL. We left Liverpool May 1st, and just before leaving, our JOURNALS came to us. We packed them up and brought them on the boat to read. We have had several days of rough weather and were, consequently, quite seasick; now we are all over it and the sea is smooth. The ship glides along beautifully and our JOURNALS have not only been read by the nurses, but also by several officers. In our vision we see you at the pier, also at the station; you and the loyal women behind you. It is good to be coming back where the sun shines and we will get warmed up once more. There isn't anyone on board this ship sorry they came, but now the war is over, we are all glad to come back. The boys and officers are brim full of happiness; the nearer they get to home, the more it comes out, and I wish I could picture it to you. Fine, strapping young fellows, several of whom have won the Croix de guerre and other distinctions, are playing shuffle-board and deck quoits. Some are singing and playing violins and other musical instruments. We have a band on board which plays on both decks. You'd laugh to see the boys dancing together, also the chaplains; there are two of them. We have a small news sheet printed every day which records the amusing sayings and doings of this small

world at sea, which everybody enjoys. We do not expect to get into Philadelphia before Saturday or Sunday; this is Thursday, but as soon as I arrive I will post this letter, for I feel that we owe it to you to let you know that in mid-ocean, your editorial was discussed and appreciated. Of the nine nurses here, five did private duty work and expect to do it again. Thank you, for the others as well as myself.

S. W.

II.

(Extracts from home letters of Miss Hay)

Athens, March 26.

It's just like the movies! The curtain rings up! Business office; an important cable just received from "Somewhere in the Balkans," making it necessary that an officer be sent there at once; passports, orders, lunch boxes, and adieus; and before forty-eight hours, with luggage all packed and disposed of, we are en route for Brindisi, on the Adriatic, whence we take ship for Cattaro (Dalmatian Coast) en route to Montenegro to see the work of one of the Balkan Commission Units. * * ! We must always carry our canteens of good water, which is scarce in these parts. A most valued possession is a trench coat of heavy, khaki colored, waterproof canvas, with a removable, warm woolen lining. It is thick and clumsy and ugly, but a constant joy and comfort, for it always keeps one warm and dry. The removable lining makes a good, warm coat for chilly rooms, as on board train, etc. Brindisi was reached about two o'clock in the afternoon, very dirty, but with a fine harbor filled with ships of many countries. One walk about the town is enough. It's dirty, dark and damp in most places, but has some interesting relics of former glories. The next afternoon we went to our boat, the worst tub of a freighter possible. It had no berths, no cabin, and no toilet facilities of any sort. We were well stocked with food for all, but scarcely had we started, when one after the other, in various degrees of misery, retired to the contemplation of their individual "feelings." We were a subdued party, though as we got in sight of land the passage became endurably smooth. Cattaro is a land-locked, picturesque old town, with the rugged mountains rising sheer like a precipice on all sides. It gets the sun from only ten in the morning to two in the afternoon, and as the day was dark, we lost much of the usual beauty of the approach. By the time we broke our twenty-seven hours' fast, at four in the afternoon, we felt a little more like humans, it was at the Red Cross mess conducted by Austrians who, I suppose, claim to be good Jugo-Slave now. Next morning at nine we were off for Montenegro, up over the mountains in a Ford camionette. A clear day, a road that zigzagged back and forth—a scene of surpassing beauty—the waters of the Adriatic showing in three or four directions at the same time as we mounted higher and higher. The turns in the road are so numerous and sharp that the big trucks are often obliged to take alternate ones by backing. We go up to the very top of the mountains, then cross over and get into Montenegro. By that time we were in heavy fog which continued or changed to rain for the rest of the way. By noon we reached Cetinje, the recent capital of the Montenegrin Monarchy,—a town of about 6000 with wide streets and a number of good houses. Three of our nurses were here and one man. We ate our dinner at their mess, a good, clean hotel, and soon were on our way again en route to Podgoritz, the headquarters of our Unit. The mountain road was through rougher country, and we got our first ideas of Montenegro's resources. They look miserably poor, for there seems little good land for farming, little wood, and everywhere

rocks and bleak mountains. One sees small herds of sheep and goats here and there that must get but slim picking; also a few cattle. Horses are used for burden rather than bullocks. The road itself, all the way, is well built. Here and there one sees remains of the recent Austrian occupation—wire entanglements, barracks, wrecked motor cars, skeletons of horses, etc.; and just before we got to Podgoritzza the fine old stone bridge with the center span all blown up, made under the rule of an old Turkish Pasha who combined eggs with the cement in its structure—just to show folks how little he cared for eggs, though I suppose they were not ten cents apiece in those days. Podgoritzza has about 15,000 population; is situated on a plateau surrounded by mountains. From yonder mountain was fired the first shot in the Balkan War of 1812, and in the mountain opposite, soon after, fell 800 mountaineers fighting against the Turks, whose reign in Montenegro ceased with that war. During the recent war, air raids were occasional and some lives lost in the public square. The men parade up and down the streets—soldiers and civilians—just as though it wasn't a workaday world. The women are the drudges and pack horses everywhere, while "my lord" rides or looks on comfortably. Hotels that are possible are not to be found. So we were billeted, each of us, in a private family. The military authorities find out whoever has an empty bed, and maybe clean sheets, and then we are sent, willy nilly. As a matter of fact, the people receive us very cordially in spite of the drastic methods of securing quarters. We went to the general mess for all meals, about eight blocks away. Frequently, too, it was raining hard, but no one seemed to mind that. The food was simple but good. There are about twenty-six in the Red Cross family, including seven nurses here, three at Cetinje and three up at Niksic. The work is all most interesting—hospital, dispensary, visiting nursing, civil relief,—a fascinating line of folk at the soup kitchen. I made rounds with the visiting nurses, and also dealt out soup to the hungry folk. They are such a ragged, cold, starved-out company, it's a joy to give them even a little. Besides the good work the Red Cross is doing now, I hope they will be able to keep it up for some time in a helpful way after the present Unit goes home. We visited the former residence of Prince Mirko, now deceased, out of town about a mile, which is to be used as a permanent hospital. It should make a very nice one. It must have been a fine old home. One day we went up the valley to Niksic to see the work there. It is on a high plateau and entirely surrounded by snow covered mountains, and the climate is much colder than at Podgoritzza. Very beautifully situated. If only Montenegro could be developed so that there would be more nearly a full dinner pail for everyone, this would be a lovely little country. But now it all seems so bleak and bare and so very poor, one cannot enjoy even the beautiful scenery. Our Red Cross people at Niksic live very comfortably because Peter (who has charge of the Niksic Hotel) and his sister, who cooks so deliciously, have kept hotel in San Francisco and know what will please Americans. The dining room is warm and cosy; the table cloth and napkins are clean (an unusual condition that deserves comment), and the simple food is the most deliciously cooked we've eaten since we left home. It's market day and we go through the big square to see the produce for sale. So pathetic it all is, too, for they have so little to barter nowadays,—some old clothes (fine for them) that they must part with; poor figs, prunes and apples; a rank kind of cabbage which Americans would never cook, and such like. We saw the dispensary work here, the soup kitchen line, the hospital soon to be opened, and visited a poor house, just six rooms, each seemingly more dirty and awful than the last, full of men, women and children. The town provides the quarters and

the Red Cross is now giving the people soup and bread. The conditions of the people at the poor house, physical and moral, are too sad to enlarge upon here. We went back to Podgoritz after twenty-four hours; had there another day, and then were off on the return trip to Rome, stopping for twenty-four hours at Cetinje to see the work there and reaching Cattaro one Thursday evening. No boat to take us over to Brindisi till Sunday morning. We write an official report of our trip and go down to the town of Teodo, where are American Red Cross warehouses, and where arrives, on Saturday, the ship *Erland* with supplies sorely needed for Montenegro's relief. I can't compare with any other emotion, the spirit of pride and gratitude, when, for a miserably poor and starving country like Montenegro, one sees a big ship loaded with a wealth of supplies from our own dear native land. There is practically no milk to be bought in the local markets, and here are thousands of cans of Borden's, Carnation Brand, Helvetia, etc. Jam is very poor and exorbitant in price, and here are hundreds of boxes of it "like mother used to make" or nearly so; outing flannel sold at a prohibitive price, and the ship contains hundreds of cases full of warm, beautiful pajamas, jackets, etc. We were almost panicky because there had been no gasoline for the Fords (so necessary everywhere in this railroadless country), and here are hundreds of gallons; sacks upon sacks of flour, sugar, coffee, boxes of prunes, soap, bacon, tubs of cottolene, and other blessings beyond computation. No wonder the world looks upon America as the land of plenty. And into hundreds of other ports as well, American Red Cross and Hoover's men are pouring in supplies of food and clothing. Why shouldn't we be proud of our country ourselves? It is estimated it will take heroic efforts for three days to unload the part of the cargo due for Montenegro, after which the boat goes on to leave hundreds of tons for Greece and South Serbia. On Saturday night we staid at the bachelor quarters of the Red Cross force at Teode, in order to be near our boat, which would leave Sunday morning. The men gave us their cot beds and slept on the floor. We wrapped ourselves in our trench coat linings and our blankets and lay on the bare mattresses, with our coats over us. But we slept well; had a good breakfast, and after a racking half hour with a stubborn motor launch were on the Italian torpedo boat which would take us to Italy. The Italian Captain spoke a little fantastic American and gave us the freedom of the ship. It was a small boat, very, with the deck about a yard above the water line; no available berths and the only cabin for sitting, such as to be most undesirable. So since it is "tippy" two ropes were lashed to the big cannon on the stern, to which we were admonished to cling tightly—a very necessary precaution. For a change we were invited forward into the Captain's bridge cabin. Here we were safe from the elements and high up. I sat directly in front of the big window through which the pilot watches, and as the big waves came they crept in at every crevice and seam. Suddenly there was a big bang and the glass was shattered as the sea came tumbling into our nook. An officer standing beside me had a bad cut near his eye, and a woman back of him, at least six feet, had a cut on her cheek. I was quite unhurt, but a bit wet. So now with this refuge spoiled, we must go back on deck again. Instead of a six-hour trip, it was a long eleven hours before we landed at Bari (instead of at Brindisi, farther down), a disconsolate looking pair, I can assure you. No sleeping car to home, but we took a day coach and got some rest, arriving at noon, Monday. There were five busy days until Saturday afternoon, when we started off again—this time for Greece. This letter is being finished at Taranto, near the heel of the boot—an important shipping port in these war days. Direct sailing to the port near Athens is not possible, so we

cross over to a place called Itza; have a motor trip from there some distance, and then by rail into Athens—a beautiful trip, they say, but it sounds complicated to me with eleven pieces of big baggage to be responsible for, including a case of machine needles and pants' buttons that, because they were badly packed, have thus far marked my trail thither. However, I have begged and implored the hotel porter to fix the cases and trust the moulting process is finished. There are British here, many of them who are as good as gold in speeding us on our way. It is probable we shall go on a French boat to-morrow to Itza—the first one out. Meantime I'm resting up and getting a little writing done.

HELEN SCOTT HAY.

BACK NUMBERS OF THE JOURNAL TO BE GIVEN AWAY

Dear Editor: I have been saving my nursing JOURNALS for seven years, with the intention of having them bound into volumes at some future time, but I find that I shall have to give up this plan, and so shall be very glad to give the entire collection, dating from July, 1912, to some institution that wishes them for its reference library. There are only two or three numbers missing in the entire lot.

7752 Maryland Avenue., Chicago, Ill.

MARY BAHIKY.

RANK FOR NURSES

I.

Dear Editor: Just to tell you that I and all the nurses I ever speak to, sincerely approve of your May editorial, and that this child and a whole lot of others, will *never* volunteer for Army service again without rank. America should be ashamed of the way the nurses were treated in the Army.

Maryland

M. G. T.

II.

It is still too soon to make a judicial decision as to which was success and which was failure in our trials during the war; the main question is, have we come back true and dependable, or have weariness and disillusion set their mark upon us? We have been tried under fire, and our women have stood steadily handling sutures while bombs exploded around them; we have been tried in sinking ships and our women have obeyed orders like veterans; we have been tried in heavy manual labor and our women have proved that their training in cleanliness is genuine; we have been tried in hours of waiting and inactivity,—how have we stood this test? Has its dragging difficulty found us steady and well-poised? We have been tried by the odd customs of a foreign land,—have we been generous and wise in this new relation? We have been tried in close association with each other under uncomfortable conditions,—have we always held ourselves loyal and courteous? Have we been patient as well as brave? One important task before us is to obtain rank for the army nurse. It would be difficult to express the ignorance of military matters possessing the minds of most of the nurses when they answered the call of their country; they were ready and eager to devote themselves to the care of the wounded, and they chafed under what seemed to be unnecessary red tape and trying bureaucracy. Sometimes this was true, and sometimes an inevitable inactivity controlled the situation. War has been the business of kings since history began, and when they went out to war, they left the royal women to weep and wait in their castles; the tasks of the world are distributed differently now. The great

democratic nations have sent armies into the field that excelled the courage and daring of older days, but the traditions of the days of chivalry have left to the armies of to-day many anachronisms, and our nurses found that although they had a definite work to do, they had no definite standing, no opportunity to use their training to the best advantage. According to poetic standards they were ministering angels who were to hover about the beds of suffering heroes,—and it often seemed to us that most of the officers would have felt very glad if the nursing force had been able to spread their angelic pinions and fly to some haven whence they could be summoned when it was time for duty, and so relieve the army from all necessity of dealing with the situation. Some attempted to make the nurses simply manual laborers, but that did not fit either. The nurses must be recognized as intelligent responsible beings, they must accept and carry their part of the hard tasks of war, and it is justice and common sense that relative rank, giving a member of the Army Nurse Corps authority over those who assist her, and responsibility to those who are in command, should be established by law. We want the Army Nurse Corps to be the finest military nursing organization possible, and unless the Chief Nurse has responsibility for the nursing department, its number, its personnel, and its discipline, and her responsibility is recognized by the nurses and by everyone else in the post, no *esprit de corps* can develop. It ought to be that every member of the Corps, whether in Arizona or Siberia or New York should feel herself a unit in the nursing service, and not just one worker in a certain hospital. This can be accomplished for the nurses just as really as it has been for the Marines or any other division of the service, if they are given their responsibility and the chance to carry it. Some officers who are themselves most kindly and courteous and gentle to the nurses have been a hindrance to developing any proper *esprit de corps* because they did not realize that nursing is a grown woman's job, and that the woman who undertakes it is not to be petted and pitied, but given a fair field to use her ability and training in her task. The Chief Nurse should be the member of the Medical Department whose opinion on all matters relating to the personnel and the responsibility for the nursing, is considered as expert advice, and she should be given every possible assistance in carrying out wise plans for her branch of the service. The nurses should be relieved from the necessity of coaxing the orderlies and cajoling the officers, to get the work done. Because in some cases, some individuals have succeeded in doing most excellent work under present conditions is no reason for perpetuating a poor system. Yet I think we need to remember that such conditions as are revealed in the testimony concerning court-martials show the inheritance of the methods of tyrannous kings who used authority without any sense of responsibility and we now have many questions concerning wise discipline for the vast number of men and women who must act in unison to form an efficient military force. There is no doubt whatever of the devotion of the true citizen of a democracy, offering life and service with a devotion no serf ever knew, but he or she finds terrible attrition in working out the actual problem. The need for a just and rational law regarding the status of the military nurse is so great as to be worthy of our most earnest efforts but when the law is passed there will be need of patient, tactful earnestness to make it effectual. It is a matter for professional pride that we have stood together in absolute determination that, whatever the conditions, our soldiers should have the nursing we could give, and if we have learned our lesson well enough to continue to stand shoulder to shoulder, we can accomplish the next task. We have learned that we need good leaders, and

we have learned that it is equally essential to have devoted followers; indeed, in the vast tasks of the world, I believe the earnest endeavor of thousands will find itself triumphing gloriously in spite of vacillating contradictory plans sent out by vague officials.

Boulder, Colo.

MARTHA M. RUSSELL,

Former Representative in France of
the Red Cross Nursing Service.

III.

Dear Editor: I understand that the impression is prevalent and often expressed that the nurses returning from overseas do not generally want military rank. It has been my privilege during my association with the Bureau of Information of the Nursing Service of the American Red Cross to interview between one thousand and fifteen hundred overseas nurses. The subject of military rank for nurses is one that they discuss very freely and frankly with the personnel of this bureau and I find that some of these women have not thought very seriously or definitely on this subject; nor have they analyzed or tried to visualize what military rank would have meant to them in their work and relations with the A. E. F., but they are suffering the same internal pressure, caused by suppressed indignation, over the indefinite and irregular strata that professional women were forced to occupy in a foreign country; they felt not only the lack of protection, but the lack of recognition that they were accustomed to enjoy in civil life at home, and from this fact emanates a great feeling of disappointment in, and lack of respect for, our military organization. These nurses, as well as the majority who have thought on the subject of military rank, are solidly for something, *anything*, that will prevent a repetition of their experiences while trying to serve their country at home and abroad, and during their return voyage; and the majority of these women believe that relative rank is the only solution of this problem.

New York City

R. INDE ALBAUGH,

Chief, Division of Assignment,
Bureau of Information for Nurses.

IV.

Dear Editor: I am, as you know, deeply in sympathy with the effort to obtain actual rank for the members of the Army Nurse Corps. I am however, ready to approve of the measure providing for relative rank, since it is my understanding that because of the large appropriation that actual rank would involve, and possibly for other reasons, it would be difficult for us to obtain a favorable consideration of actual rank for nurses by Congress. Relative rank, I understand, includes the privilege of wearing the insignia. This seems to me the most important provision in relation to rank for, should the question of authority arise, the wearing of the insignia would insure a recognition that the status of the wearer was that of an officer until investigation proved it otherwise. Without it, I see no possibility of the acceptance of the status of the nurse as other than that of the enlisted man, except on the part of the very small number of persons familiar with the written instrument dealing with the matter. I find no justification for rank in a democracy except as an efficiency measure,—the means whereby in the greatest of emergencies there can no question arise as to those in authority. The heavy responsibility involved in the service of the nurse is amply testified to in the paragraph of the Manual of the

Medical Department relating to her status and authority. To impose this responsibility without the outward and visible sign universally recognized as indicating authority is, it seems to me, a grave error as well as an injustice.

Washington, D. C.

ANNIE W. GOODRICH,
Dean, Army School of Nursing.

V.

Dear Editor: As the American Red Cross obtained military rank for all their men in important foreign posts, it is difficult for me to follow their logic in declining to assist their enrolled nurses to obtain the same recognition. If the American Red Cross has so little interest in us as a professional group, is it not time that the American Nurses' Association took over its own enrollment? The United States Army has granted rank to every other important professional group. For us, they have made regulations. When time is limited or authority needed, regulations by no means take the place of the insignia on the shoulder. No other country called for nor was able to put in the field promptly such a large group of graduate nurses for military service. No other country has shown such an utter lack of appreciation of the needs of its nurses in military service nor have the nurses of any other country been subjected to such humiliation as ours have been. They responded promptly to the call of their country and everybody acknowledges that they have rendered a vital national service. Should they not receive, at least, equal recognition to that so freely accorded their Canadian, English and Australian sisters?

New York City

A. M. HILLIARD,
General Superintendent, Bellevue
and Allied Hospitals.

VI.

Dear Editor: The Army Nurse Corps is an essential part of the Medical Department of the Army. It is a body of trained and skilled professional women with well recognized duties and responsibilities in directing and maintaining an adequate nursing system in military hospitals. It is the very essence of military organization that responsibility shall carry with it commensurate authority and that no one depending on other agencies for necessary service shall be without power to command those agencies. Yet there is a steadily accumulating mass of evidence from group after group of nurses returned from overseas service to show how this fundamental principle of military life and work, sustained rigidly as far as men are concerned, is deliberately set aside in the case of the members of the Army Nurse Corps, women who need it from every standpoint even more than men; and there is also a steadily rising tide of indignation not only among nurses but among the friends of nurses at the astonishing delay of the army, and of the medical army authorities in particular, in according to members of the Army Nurse Corps their just and reasonable demand for proper rank and status. On the basis of facts and records there is a history of humiliations and indignities unprecedented in the history of nursing since the Crimean War, and the body of skilled, able and only too devoted women have been left to carry on their important work in the care of the sick and wounded without any real power to ensure control of the resources and agencies needed, or to guarantee courteous and respectful behaviour from those with whom the nurses had to associate in work. If we had striven to

weaken the efficiency and undermine the morale of the members of our nursing service, we could hardly have devised a better way of doing it than by leaving them helpless in the midst of a military world, and nothing but the fineness of our women, and the soundness of their training have saved the day for them in an inherently false situation. Hardships, danger and death they were prepared for, and these they have met with unfaltering courage. They were not prepared to have the army authorities and the medical men fail them. The Bill for Rank recently introduced must pass. Otherwise it should be difficult to induce self-respecting women to remain in the Army Nurse Corps or to enter it.

New York City

M. A. NUTTING,

Director, Department of Nursing and
Health, Teachers College.

VII.

Dear Editor: In seeking rank for nurses, it seems well to consider only that phase of the subject which refers to the more efficient care of the sick. The limitations placed upon the nurse in charge of a ward in a military hospital are many. If she is tactful, amiable, and winning, she may have carried out orders for the nursing care, dependent upon orderlies and hospital corps men. If she is strictly businesslike in giving her instructions, she is likely to find them indifferently executed. Much of the success of the ward is due to the attitude of the officer (doctor) in charge of it. If his chief interest is in the welfare of the patients, he will aid the nurse by insisting that her instructions be carried out. If he is lax, knowledge of the details may escape him, and the nurse is then powerless to secure for the patient that care which he should have. At present, authority regarding the care of the patients in the wards,—exclusive of that of the doctor,—is divided, and the best interests of the sick are thus menaced. For safety, there must be a responsible head; and it is evident the position should be taken by the nurse, who, by training, is best fitted for it. Though rank should, in justice, be given the nurse as her due, yet it is not in the name of justice that we would insist upon it; but for the higher reason that as a ranking officer she can secure better nursing care for the patients in military hospitals.

Newton Lower Falls, Mass.

M. M. RIDDLE,

Ex-chief Nurse, Camp Devens.

NURSING NEWS AND ANNOUNCEMENTS

NATIONAL

THE AMERICAN NURSES' ASSOCIATION

THE NURSES' RELIEF FUND, REPORT FOR MAY, 1919

Receipts

Previously acknowledged	\$3,697.67
Interest on bonds	65.00
Individual Nurses, Hot Springs, Arkansas:	
Jean Vergnolle, St. Joseph's Alumnae Association.....	5.00
Mary O'Herron, St. Joseph's Alumnae Association.....	5.00
Grace Seymour, St. Joseph's Alumnae Association.....	2.00
Mrs. S. Kennedy, Hot Springs, Arkansas.....	1.00
Nona Prewitt, Lakeland, Florida.....	1.00
18th District of Registered Nurses, Lima, Ohio.....	10.00
Alice Henderson, Marian E. Basinger, Philena Miller, M. Ethel Boyer, Helen Sellers, Golda B. Underwood, Lima, Ohio, \$1.00 each	6.00
Sarah Clay, Lima, Ohio	2.00
Estelle B. Little, Helena Elizabeth Deerhake, Clara G. Dillon, Minna Helping, Daryl Baxter, Lima, Ohio, \$1.00 each.....	5.00
Alma Zimmerman, Lima Hospital Alumnae Association, Lima, Ohio	1.00
Helen M. Stone, Lima Hospital Alumnae Association, Lima, Ohio.	5.00
Cora May Davies, Lima Hospital Alumnae Association, Lima, Ohio	1.00
Janette F. Peterson, Chairman, California Relief Fund Committee....	39.50
Altoona Hospital Alumnae Association, Altoona, Pa.....	10.00
Carolyn E. Sculthorpe, South Bethlehem, Pa.....	3.00
Marie S. Brown, South Bethlehem, Pa.....	1.00
Martha R. Cameron, Elizabeth, N. J.....	10.00
L. H. Cadwell, Ivoryton, Conn.....	1.00
Allentown Hospital Alumnae Association, Allentown, Pa.....	10.00
Mary Patton, U. S. Medical Service, Metlakalita, Alaska.....	5.00
Eleanor D. Stimson, Berkeley, California.....	1.00
Alumnae Association, Muhlenburg Hospital, Plainfield, N. J.....	15.00
North Carolina State Nurses' Association.....	10.00
Mrs. James C. Powderly	1.00
Sophia F. Parnell, Rochester, N. Y.....	2.00
New England Deaconess Hospital Alumnae Association.....	15.00
Oregon State Graduate Nurses' Association.....	25.00
Mary Day Barnes, Chicago, Ill.....	10.00
Interest on Liberty Bonds	20.00
Anna B. Duncan, New York City.....	5.00
Memorial Hospital Nurses' Alumnae Association of Brooklyn.....	25.00
Alumnae Association, Training School of the Harrisburg Hospital....	15.00
Individual Nurses from Harrisburg Alumnae Association: Bertha Liley, Mrs. Lewis Crawford, Josie B. Lewis, Frankford Lewis, \$1.00 each	4.00

St. Mary's Hospital Alumnae Association, Rochester, N. Y.....	5.00
Piedmont Sanitarium Alumnae Association, Atlanta, Ga.....	10.00
Mrs. Janette F. Peterson, Chairman of California Relief Fund Committee	68.00
Broad St. Hospital Alumnae Association, Oneida, N. Y.....	5.75
Massachusetts State Nurses' Association	25.00
Berkshire County, Fannie C. Smith, Chairman, Massachusetts:	
Alma D. Stoddard	2.50
Annie F. Foss	2.00
Edith Safford	7.50
I. L. Dowdon	2.00
Mrs. Sadie Edgerton	2.50
C. Blanche Stevens	2.50
Lizzie MacNeil	2.50
Bristol County, Ella E. Garland, Chairman:	
St. Luke's Nurses' Alumnae Association, New Bedford, Mass.....	26.50
Essex County, Zaidee Moore, Chairman.....	32.00
Middlesex County, Bertha W. Allen, Chairman:	
Middlesex Nurses' County Association	10.00
Esther Dart	5.00
Suffolk County, Ursula C. Noyes, Chairman:	
Massachusetts General Hospital Alumnae Association.....	25.00
Charlotte W. Dana, Cambridge, Mass.	2.00
Ellen Stickney	1.00
Check 406 returned	15.00
Check 416 returned	15.00
	<hr/>
	\$4,300.92

Disbursements

Application approved, No. 2, 41st payment.....	\$10.00	
Application approved, No. 5, 28th payment.....	20.00	
Application approved, No. 6, 37th payment.....	15.00	
Application approved, No. 7, 31st payment.....	15.00	
Application approved, No. 11, 28th payment.....	15.00	
Application approved, No. 14, 15th payment.....	15.00	
Application approved, No. 15, 11th payment.....	15.00	
Application approved, No. 17, 4th payment.....	15.00	
Application approved, No. 18, 1st payment.....	20.00	
2 Liberty Loan Bonds	2,000.00	2,140.00
		<hr/>
		\$ 2,160.92
13 Bonds		13,000.00
2 Certificates of Stock		2,000.00
8 Liberty Bonds		8,000.00
		<hr/>
Balance June 1, 1919		\$25,160.92

Contributions for the Relief Fund should be sent to Mrs. C. V. Twiss, Treasurer, 419 West 144th Street, New York City, and cheques made payable to the Farmers Loan and Trust Company, New York City. For information, address E. E. Golding, 317 West 45th Street, New York City.

(Mrs. C. V.) M. LOUISE TWISS, Treasurer.

THE NATIONAL LEAGUE OF NURSING EDUCATION

Publications of the Committee on Education.—The Committee on Education of the National League of Nursing Education has recently published the following pamphlets which may be secured from Miss Stewart, the Secretary of the Committee, at Teachers College, Columbia University, New York. The first two have been prepared as a part of the general campaign inaugurated by the Committee and supported by the three national organizations of nurses,—for reducing hours of duty in training schools. A certain number of these pamphlets are being sent to the boards of trustees of hospitals throughout the country and to other influential people. It is suggested that alumnae and state associations might help very greatly in furthering this movement, by undertaking a much wider distribution of these pamphlets. *The Case for Shorter Hours in Hospital Schools of Nursing* presents a general discussion of the whole question of hours, showing how the present system affects the health and education of pupil nurses, how it reacts on the supply of applicants to nursing schools, what the conditions are which have led to this system, and some of the reasons why shorter hours should be introduced. The cost of single copies of this pamphlet is 20 cents. Larger quantities may be secured for distribution at a somewhat reduced rate. The second pamphlet, *How to Establish the Eight Hour Day in Nursing Schools*, gives some practical suggestions for the use of Superintendents of Nurses who wish to introduce the eight-hour day. It may be secured at a cost of 10 cents per copy. A third pamphlet, entitled *Postgraduate Courses for Nurses*, is published for the use of nurses wishing to take postgraduate courses in hospitals. Lists of schools giving training in Obstetrical Nursing, Children's and Communicable Diseases and in Mental Nursing, are given, with some information about each. The general opportunities and demands in these fields of work are also outlined. The cost of this pamphlet is 10 cents. It may be interesting for nurses to know that *The Standard Curriculum for Nursing Schools* which was prepared by the Committee on Education last year, is in constant demand, about 1500 copies having been sold up to date. The cost of the Curriculum is \$1.00, with postage added. A few copies of the *Report of the Committee on Nursing of the General Medical Board of the Council of National Defence*, may be obtained at the same address. This report gives a complete account of the activities of the Nursing Committee during the war, and nurses will find here a great deal of very interesting and important information about the nursing problems which had to be met in our schools and in the country at large and the way in which these problems have been worked out. A few of the pamphlets published by the Committee on Nursing during the war, and which may still be found useful for certain purposes are *Nursing a National Service*, *A Message to Secondary Schools*, *Nursing Preparatory Courses in Colleges and Universities*, and *The Nation's Need for Nurses* (notes for speakers). These publications of the Committee on Nursing will be sent (as long as they last) for the expenses of mailing and handling.

THE ISABEL HAMPTON ROBB MEMORIAL FUND

Scholarships have been awarded to the following: Laura M. Grant, Sacramento, Cal.; Viana B. McCown, Richmond, Va.; Millicent B. Northway, Kenosha, Wis.; Helen A. Rennie, Toronto, Canada; Marietta A. Crane, Dover, N. J.; Helen E. Bond, Baltimore, Md.; Angela R. Mitchell, Baltimore, Md.; Elizabeth M. Meyer, Chanute, Kansas. Because so many scholarships have been offered this year, through other sources, for preparation for public health nursing, the

Robb scholarships have been given to applicants who desire to fit themselves as instructors or administrators in schools of nursing.

ARMY NURSE CORPS

Many letters having been addressed to the Army Nurse Corps office relative to medical care and attention afforded members of the Army Nurse Corps for disability incurred in line of duty, the following is published for the information of all concerned:

1. Existing War Department order provides that all nurses suffering from disability incurred in line of duty, be retained in the service and furnished all necessary medical care and attention until they have attained the maximum improvement possible. Nurses suffering from disability requiring special medical care, are transferred to hospitals where medical officers especially skilled in the treatment of this disability are stationed. During the period of treatment, full pay and allowances are given to all nurses. There will, however, be cases of disabled nurses who either possess funds or who have relatives or friends in position to afford them specialized care after discharge. In these cases, nurses who desire to leave the service and be treated at home, will be discharged, but not until the responsible Commanding Officer has fully determined that continued treatment and care are assured.

2. Nurses who have been discharged, who have attained the maximum improvement possible, and whose disability was incurred in line of duty, but who still require further medical care and attention will come under the jurisdiction of the Bureau of War Risk Insurance, and should make application to the Chief Medical Adviser, Bureau of War Risk Insurance, Washington, D. C., for full information in regard to the treatment which they may require. These nurses may also be entitled to a monthly compensation under provision of the same War Risk Act, as follows:

(These amounts are payable monthly and are not based upon the pay of the injured person, but upon the degree of disability.)

(a) If she has no children, \$30 per month, in case of total disability.

(b) \$10 per month for each child living, up to two.

(c) In case of widowed mother depending upon her for support, in addition to above amounts, \$10 per month.

(d) To an injured person who is totally disabled and in addition so helpless as to be in constant need of a nurse or attendant, such additional sum shall be paid, but not exceeding \$20 per month, as the director may deem reasonable.

(e) For certain specified conditions, or if the injured person is permanently bedridden, \$100 monthly compensation is provided. (But no allowance for a nurse shall be made.)

3. Attention is invited to the difference between (1) the allowance due from insurance and (2) to the allowance due from compensation under the provision of this Act. The monthly allowance from any insurance which may have been taken out by the nurse is given only in the case of total permanent disability, at the rate of \$5.75 per month for each \$1000 of insurance. The compensation is influenced by the degree of disability; therefore a nurse who is partially disabled only, would be entitled to a certain percentage of the monthly compensation (\$30), and not to the insurance. It will therefore be clear that it is much to the advantage of the nurse to remain in the service until she has attained the maximum improvement possible.

The nursing personnel of Base Hospitals Nos. 71 and 77, recently returned from overseas, have presented their service flags to the Army Nurse Corps office. These flags accompanied the nurses overseas and will have a plate placed upon them, setting forth the service of their respective hospitals. Needless to say, these flags will be greatly prized.

During May, 2,226 nurses have been relieved from active service in the military establishment; 1,355 have returned from overseas.

HONOR ROLL

Died in the Service of Their Country

Mary Frances Emery	May 1, 1919	United States
Harlan Marshall	May 18, 1919	United States

DORA E. THOMPSON,
Superintendent, Army Nurse Corps.

CIVIL SERVICE EXAMINATION

The United States Civil Service Commission will hold examinations in various cities of the country on July 9 and September 3, for the position of trained nurse in the Panama Canal Service. This is open to both men and women. Information may be obtained from the Civil Service Commission, Washington, D. C.

BUREAU OF THE PUBLIC HEALTH SERVICE

Nurses have been assigned to the Public Health Service Hospitals during the month of May, 1919, as follows: to Baltimore, Md., 2; to Chicago, Ill., 4; to Dansville, N. Y., 2; to Detroit, Mrs. Lellie J. Robinson, Chief Nurse; to Greenville, S. C., 20, with Catherine Crew, Chief Nurse; to Houston, Texas, 1; to Louisville, Ky., 3; to Memphis, Tenn., 1; to New Orleans, 9, with Goldie K. Gruver as Chief Nurse; to New York, 2; to Brooklyn, Norwegian Hospital, 7, with George A. Hutton as Chief Nurse; to Palo Alto, Cal., 4; to Pittsburgh, 2; to San Francisco, 3; to St. Louis, 2; to Savannah, Ga., 3; to Mobile, Ala., 1; to Cleveland, 5, with Alma Edler, Chief Nurse; to Ft. Stanton, N. M., 1; to Cairo, Ill., 2; to Buffalo, Emily A. Vuagniaux, Chief Nurse; to Nitro, W. Va., 5; 25 were discharged from the service. Any complaints of the service or any information should be given to the undersigned, as Superintendent, and not transmitted to the Red Cross. Nurses in this service, after they are assigned, are in the same position as nurses in Army or Navy service.

LUCY MINNEGERODE,

Superintendent, Nurse Corps, U. S. P. H. S.

Arkansas.—THE ARKANSAS STATE BOARD OF NURSE EXAMINERS held examinations in the Senate Chamber of the State Capitol, May 20 and 21, for 43 applicants. There were eight requests for registration by reciprocity. At the close, Dr. M. D. Ogden of Little Rock, who recently returned from overseas, was unanimously reflected president; and Sister Bernard, secretary-treasurer. Other members of the Board are: Dr. St. Cloud Cooper of Fort Smith, who has been acting president; Ruth Riley, Fayetteville City Hospital; Sister M. Edward, St. Joseph's Infirmary, Hot Springs, and Mrs. W. E. Green, Little Rock Sanitarium.

Arizona: Douglas.—A FEW OF THE NURSES met on May 12 and decided to invite all the nurses in the city, including Army Nurses at the Camp Hospital, to a meeting on May 20, for the purpose of forming a local club, with state registration and a state association in mind. Mrs. D. D. Withrow, of Wesley Hospital, Oklahoma City, is the organizer.

California.—THE CALIFORNIA STATE NURSES' ASSOCIATION held its sixteenth annual convention at Ebell Hall, Oakland, April 21-23. The opening session was held on the evening of the 23d, with music by students from the Jenkins School of Music. The address of welcome was given by Miss M. Taylor, President of Alameda County Association, and the response by Miss Groth. An address, "Around the World and Back Again," was given by Dr. Aurelia Reinhardt. An informal reception followed. On Tuesday morning, there were reports by the presidents of the fourteen county associations. The fifteenth county, Sonoma, which had been organized in March with seventeen members, was granted its charter. Reports were given by the president, the secretary, the treasurer, and the editor of the *Pacific Coast Journal*. Reports of committees followed. Miss White, in reporting for the Red Cross Committee, gave the sad announcement of the death of Jane A. Delano. All felt that a great leader has been taken and that each nurse has lost a friend. The Relief Fund report was read by Miss Waterman, in the absence of Mrs. Peterson. A vote of thanks was given Mrs. Peterson for her untiring work. Pledges for the Relief Fund were taken. At noon, a luncheon was given on the shore of Lake Merritt by the Alameda County Nurses' Association. In the afternoon, the League had charge of the programme, with the following papers: Our National Hospitals, Anna C. Jamme, with a plea for rank for Army nurses; A Visit to the English Training Schools, Mary Walsh; The Effect of War on the Training Schools, Mrs. Henrietta B. Muid; Registration, Kate Douglas. Mary C. Wheeler of Illinois told of the difficulties encountered in that state regarding registration. A motor ride followed. In the evening, a patriotic session was held, Lillian L. White, presiding. Rev. Frank M. Selsley, in In Memoriam, paid a tribute to Jane A. Delano and to the nineteen California nurses who gave their lives for their country. Miss Jamme spoke on The Nurses' Response to the Call, and John L. Clymer on the development of the public health work of the Red Cross. Mrs. M. A. Adams outlined the bill on Rank for Nurses and urged all to work for its passage. Rev. C. D. Miel spoke on A Peek at Siberia. On Wednesday morning came the Public Health Session, Edith Bryan presiding. Addresses were given on Public Health Nursing Activities under the American Red Cross by Mary L. Cole; on the danger of using partly trained workers as health visitors by Edna Hedenberg; on Venereal Diseases by E. M. Watters, M.D. The State Association endorsed the continuance of the six months' course in Public Health Work at the University of California. Round tables were held during the luncheon hour. The afternoon session was devoted to business with the exception of a paper on The Power of the Alumnae, by Mrs. Annette Alison. Alexander Rasmussen presented the problem of the proper treatment for drug addicts and the Association decided to ask each county association to take up this subject for consideration, with the purpose of securing places for treatment outside of county jails. Los Angeles was chosen as the place of meeting in 1920. The following officers were elected: President, Lillian L. White, of Oakland; vice presidents, Mary L. Cole and Jessie C. Twogood; secretary, Mrs. Julia Hyde Taylor, 126 Ramadell Street, San Francisco; treasurer, Clara A. Saunders; director for the San Diego District, Mary M. Taylor. A banquet closed the convention.

Connecticut: Hartford.—THE HARTFORD HOSPITAL held graduating exercises for a class of forty-nine on June 4, at the Nurses' Residence. The address was given by Rockwell Harmon Potter, D.D. Prizes were awarded to Sigrid M. Johnson and Annie E. Morrison of the Senior Class; to Elizabeth J. Pollard and Louise M. Miner of the Intermediate Class; to Jean C. B. Wyper and Agnes M. Nelson of the Junior Class, and to Polly K. Scovil and Margaret L. Scovil for work in Dietetics. A reception followed the exercises. **Simsbury.**—THE SIMSBURY VISITING NURSE ASSOCIATION at its annual meeting expressed its deep regret at the death of Miss Delano, who had given such valuable and gratuitous service to her country and its neighbors. The Board of Examination and Registration of Nurses held its annual meeting at the State Library on June 4. The officers elected were: President, Martha J. Wilkinson; secretary, Mrs. Winifred A. Hart, Stratford.

Illinois: Chicago.—THE ILLINOIS TRAINING SCHOOL held graduating exercises for a class of sixty-five at St. Paul's Methodist Church on May 27. A reception followed at the Nurses' Home for the graduates and for the nurses returned from overseas service. THE PASSAVANT MEMORIAL HOSPITAL held its annual commencement for a class of eleven on June 5 at the New England Congregational Church. ALMA E. FORRESTER of the Presbyterian Hospital has returned from Archangel, Russia, her third trip abroad. CAROLINE LANCE, class of 1908, Hahnemann Hospital, has gone to San Diego to take up private duty nursing. THE ALUMNAE ASSOCIATION OF ST. MARY'S OF NAZARETH HOSPITAL held its annual meeting on May 12, when the following officers were elected: President, Sister Mary Dolores; vice president, Cathrine Conway; secretary, Mary Laibe; corresponding secretary, Esther Kolander; treasurer, Stella Tylaki; directors, Helen Repa, Luce Thomatz, and Emma Mack; chairman of the Programme Committee, Helen Jablonski. **Springfield.**—Anna L. Tittman has been granted an unlimited leave of absence from her post as inspector of training schools, and sailed on June 26 for Siberia. She goes as representative of the American Red Cross Nursing Service, to investigate and assist in reorganizing some of the features of the Nursing Service.

Indiana.—THE STATE BOARD OF REGISTRATION AND EXAMINATION held an examination in May for 145 applicants, the largest number that has ever taken the examination. The Board also reflected as officers for the coming year: President, Ina M. Gaskill, Indianapolis; secretary-treasurer, Edna M. Humphrey, Crawfordsville. **Indianapolis.**—THE MARION COUNTY GRADUATE NURSES' ASSOCIATION elected the following officers at its annual meeting: President, Mrs. W. F. Molt; secretary, Marion Bell; treasurer, Mrs. C. D. Fander. Grace M. Cook was elected registrar. The question of a registry for colored nurses was discussed and will be investigated. THE INDIANAPOLIS CITY HOSPITAL held commencement exercises for a class of 31 in the hospital on June 4. The address was given by Mayor Charles W. Jewett. THE ALUMNAE held their annual meeting on May 29, electing the following: President, Helen Norwold; vice presidents, Mary Essicks, Tullie Robinson; secretary and treasurer, Mabel Baker; historian, Grace M. Cook. THE METHODIST EPISCOPAL HOSPITAL has graduated its largest class, forty-four members. Other schools have graduated classes as follows: Robert W. Long, thirteen; Eastman Hospital, 2; St. Vincent's Hospital, 22; Fletcher's Sanitarium, 10; Deaconess Hospital, 13. A Memorial Service for Jane A. Delano and for the Indiana nurses who have died in service was held on May 21, in St. Paul's Church. Four hundred nurses marched in the processional and the church was crowded to the doors. First came the nurses

of Base Hospital No. 22 in overseas uniform; then enrolled Red Cross nurses in military capes; then private duty, and public health nurses; then pupil nurses from the hospitals led by their superintendents. Dr. Lewis Brown, rector of the church, gave an inspiring address on The Vocation of the Christian Nurse. Following his address, Mrs. C. F. Neu read the names of nurses who had died in service. As each name was read, a wreath of flowers was placed on the rood screen by a representative of the hospital from which the nurse had graduated. The names were those of May Berry, Flora Ruth, Grace Copeland, Florence LeClair, Catherine Libka, Ethel Leach, Margaret Hamilton. Mrs. Peter Bryce, a graduate of Bellevue, read an account of Miss Delano's life.

Iowa: Des Moines.—THE MISSISSIPPI VALLEY CONFERENCE of the National Tuberculosis Association will hold its annual meeting in Des Moines in September. This will be a splendid opportunity for the nurses of the several states to get together and discuss some of the new problems of the post-war period. A meeting of the District No. 7 Association was held in Younker's Tea Room on May 4. Helen Hartley, member of the State Board of Nurse Examiners, suggested that this Association give special invitations to the nurses taking the examinations. The Association accepted Miss Hartley's suggestion. A DEPARTMENT OF NURSING has been developed in the Des Moines Chapter Red Cross, and Emma C. Wilson, who was formerly Chapter Instructor for the Department of Nursing has been appointed Executive Secretary, with headquarters at 413 Fleming Building. Miss Wilson comes from the Extension Division of the State University, where she has been representing Central Division as Nursing Instructor. She has also been appointed Secretary of the Local Committee Nursing Service. Iowa City.—ADA RIETZ, recently returned from France, has resumed her old position as head of the Eye, Ear, Nose and Throat Clinic of S. U. I. Hospital. Florence Springer, formerly Head Nurse in the Hospital, has accepted a position as head of the Surgical Clinic in Cook County Hospital, Chicago. Waterloo.—Three years ago the Iowa State Association gave an urn for the grave of Isabel McIsaac, and it is the privilege of the Waterloo nurses to have the urn cared for and filled with blooming plants each year. Nanna Colby has returned from Florida after an absence of one and one-half years. Cedar Rapids.—MERCY HOSPITAL held graduating exercises on May 25 for a class of thirteen. The address was by Rev. John C. Stuart, president of Dubuque College, on the Ethics of Nursing. The Alumnae held their annual meeting on May 26 and elected the following officers: President, Sue Sullivan; first vice president, Alma Wagner; secretary, Antoinette Macak; treasurer, Irene DeLaHunt. At the close of the meeting a banquet was given to the graduating class. Winifred Warren, class of 1917, and Christy Christians, graduate of Jane McAllister Memorial Hospital, sailed for Siberia on June 16 for Red Cross service. ST. LUKE'S HOSPITAL held commencement exercises at the Nurses' Home on June 5 for a class of 13. Addresses were given by Dr. H. E. Pfeiffer and Father R. H. Campbell. On June 6, the alumnae entertained the class at an indoor picnic at Brucemore. Sioux City.—THE LOCAL COMMITTEE ON RED CROSS NURSING SERVICE, aided by the First District Association, held a memorial meeting for Jane A. Delano at the Nurses' Club House. An impressive programme was carried out and the meeting was well attended. More than ever, the nurses realized the great loss to the Red Cross and to the nursing profession. The District Association gave its annual reception on May 28, to the graduating classes of the city. Zora Huddleston has become supervisor of Public Health Nursing, succeeding Nellie Oxley. Catherine Meyers of Cleveland is child

welfare nurse. Henrietta Gronlid and Grace Pulley are taking summer courses at Cleveland. Edith Heiser has been made assistant superintendent of Lutheran Hospital. Caroline Brown and Elizabeth Oberlander are taking summer courses at Teachers College, New York. **Boone.**—THE BOONE COUNTY REGISTERED NURSES' ASSOCIATION gave a dinner for Irene Kennedy and Rea Gagnon on their return from service. Blanche Barnes of St. Luke's Hospital, Cedar Rapids, has been made superintendent of Eleanor Moore Hospital.

Kansas.—THE KANSAS STATE NURSES' ASSOCIATION held its eighth annual meeting on May 8, 9 and 10, at Hutchinson. The secretary's report showed a membership of 300, with 75 present. Eight members have died, fifty new ones have been received. The Board of Directors met on the evening of the 8th. At the opening session, addresses of welcome were given by A. C. Malloy and Mrs. W. Y. Morgan. Responses were by Mrs. Sybil Muntz of Wichita and Mrs. Virginia Knox Kimble of Topeka. Action was taken in favor of rank for nurses. Friday afternoon was given over to the Red Cross and Public Health sections. Major Bahrenburg of St. Louis gave an address on the Control and Combatting of Venereal Diseases. He urged the nurses to take up the fight for clinics and dispensaries. He showed why the demand for Federal, state and county appropriations to help stamp out the diseases are both legitimate and obligatory. He gave much credit to General Pershing for safeguarding our men in the American Army by rigid rules. On Friday evening, Mrs. Ethel Parsons, Director of Public Health Nurses, gave an interesting address. The round tables and sectional meetings of the Superintendents of training schools, Public Health Nurses and Private Duty Nurses were well attended, and proved to be very profitable to all present. On Saturday afternoon the following papers were read and discussed: Private Duty Nurses Fifteen Years Ago, Ethel Dilts, Newton; Private Duty Nurses of To-day, Bertha Bomgartner, Halstead; Function of the Training School in Elevating the Standard of the Profession of Nursing, Dena Gronewald, McPherson. In the discussion of this very excellent paper Sister Catherine Voth led the nurses back to the birth of Christ as the beginning of the nursing profession. On Saturday evening, a memorial service was held, Mrs. Alma O'Keefe presiding, in honor of Jane A. Delano and twenty deceased Kansas nurses. Lydia Anderson offered the tribute to nurses who made the supreme sacrifice. Lieutenant Leo T. Gibbons of Dodge City delivered the memorial address. The following Kansas nurses made the supreme sacrifice in the discharge of their professional duties in the service of their country: Alma Murphy, Eva McElwain, Ella Schrader, Margaret Bogan McAulliffe, Hazel Everett, Charlie Everett, Myrtle Swanson, Mildred Kerr, Mrs. David Curry Mumford, Julia M. Tyler, Elizabeth Dickson, Tracy Verhague, Jessie Dicks, Winnie Sawyer, Mary Lamb, Alberta Beighner, Mrs. Vera Scott Simmon, Mrs. Maude Marie Wilson, Osborn, Ella Bair, Grace Black, Inez Hopkins. The following officers were elected: President, W. Pearl Martin, Topeka; vice president, Dena Gronewald, McPherson; secretary, Mrs. W. R. Saylor, Hutchinson; treasurer, Kate Williams, Hutchinson. The association adjourned to meet at Wichita, the second Wednesday and Thursday of May, 1920, providing this date does not conflict with the date of the American Nurses' Association.

Kentucky: Lexington.—THE GOOD SAMARITAN HOSPITAL held commencement exercises on May 27, at the Nurses' Home, for five members of the class of 1918, and the nine members of the class of 1919.

Louisiana.—THE LOUISIANA STATE NURSES' ASSOCIATION held its first quarterly meeting at the Grunewald Hotel, New Orleans, May 29. The chief discussion

was on Reorganization. A telegram was read from Representatives of the United States Congress, signifying their intention to support the Lewis-Raker bill, and the members of the Association pledged themselves to help the State Committee on Rank for Nurses, financially.

Maryland: Baltimore.—THE JOHNS HOPKINS HOSPITAL TRAINING SCHOOL FOR NURSES held graduating exercises on May 21, in the Physiological Building of the Medical School, for a class of fifty-one. The address was given by Dr. Winford H. Smith. Scholarships were awarded to Hilda H. Miller, of the Senior Class; to Helen Stelling, Dorothy Filler and Abby Metzger of the Intermediate Class, and to Alice Hillman, Esther Miller, Effie Wicklund and Cora Dittman of the Junior Class. Prizes were awarded to Illa Marsten, Senior; Barbara Sewell, Intermediate, and Xenia Knechtel, Junior. A reception was held at the Nurses' Home following the exercises.

Massachusetts: Boston.—A MEMORIAL SERVICE FOR JANE A. DELANO was held on May 15, in Tremont Temple, under the auspices of the New England Division and the State Association. About 2,000 nurses in uniform were in attendance and as many more not in uniform. JANE JEFFERY of Brookline has been awarded the distinguished service cross, in Paris, in recognition of her courageous conduct during a German air raid on the American Red Cross Hospital at Jouy-sur-Molins, last July. Although badly wounded, Miss Jeffery attempted to continue her duties. THE CITY HOSPITAL graduated a class of 47. Mary Alice McMahon has been appointed matron and superintendent of nurses, in place of Emma M. Nichols, who resigned because of her inability to take up active work since her overseas experience. **Northampton.**—THE DICKINSON HOSPITAL ALUMNAE held their fourth annual banquet on June 5 at Ye Rose Tree Inn. Nineteen members spent a most enjoyable evening. Helen Murphy of Worcester, recently returned from France, was guest of honor and told of her experiences abroad. Events of the past year were reviewed in verse by Florence Berry. At the business meeting closing the evening, it was decided to furnish a room at the hospital in memory of Helen B. Spring, who died during the recent epidemic. A committee was formed to raise the funds. THE MASSACHUSETTS STATE NURSES' ASSOCIATION held its sixteenth annual meeting on June 10, at Boston University, in conjunction with the State League of Nursing Education and the Private Duty Nurses' League. Present-day problems were discussed at length. The officers for the ensuing year are: President, Esther Dart; vice presidents, Mary Coonihan, Mary A. McMahon; recording secretary, Julia A. Smith; corresponding secretary, Mary E. P. Davis; treasurer, Charlotte W. Dana; historian, Mary M. Riddle; and 21 councillors at large. **Quincy.**—MISS HEALY, late of Jordan Hospital, Plymouth, has been appointed superintendent of Quincy Hospital, formerly a private corporation, which has been taken over by the city. **New Bedford.**—ST. LUKE'S HOSPITAL graduated a class recently. Miss Irwin has been appointed superintendent.

Minnesota: Minneapolis.—MEMORIAL SERVICES in commemoration of the wonderful work done by Jane A. Delano were held on May 7, in the Handicraft Guild Building.

New Jersey: East Orange.—THE ALUMNAE ASSOCIATION OF THE ORANGE TRAINING SCHOOL met on May 21, at the home of Mrs. Clifford Devereux. A committee was appointed to express the regret of the Association in the loss of Miss Delano. The sum of \$25 was voted for the Relief Fund. Rank for Nurses was discussed, and \$10 was voted toward New Jersey's quota. International recognition was discussed. **Jersey City.**—CHRIST HOSPITAL held graduating

exercises at the Bergen Lyceum on May 1, for a class of four. Commissioner A. Harry Moore delivered the address. A dance followed the exercises. CHRIST HOSPITAL NURSES' ALUMNAE ASSOCIATION held its first annual dinner at Rector's, New York, on June 5, with its honorary members and the recent graduates as guests; there were forty in attendance. Twenty Red Cross nurses in uniform, from Hudson County, attended the memorial services for Miss Delano in Carnegie Hall, New York, on May 8. All prized the programmes received, with the beautiful picture of Miss Delano. THE NURSES' CLUB OF HUDSON COUNTY held its second annual dinner at Churchill's, New York, on May 22, with seventy-two present. At the business meeting, May 2, the following officers were elected: President, Katherine Ewing; vice presidents, E. M. Brede and Miss Bell; secretary, Louise E. Knowles; treasurer, Ida M. Shute; executive committee, Mrs. J. Enright, Mrs. Hart and Emma Allen. Trenton.—MERCER HOSPITAL ALUMNAE ASSOCIATION held its annual meeting at the Nurses' Home on June 3, when the following officers were elected: President, Mrs. Paul Kuehl; vice president, Florence Lee Scarborough; secretary, Emily K. Wisely; treasurer, Margaret A. Ryan. The Alumnae entertained the graduating class of 1919 at a dinner and theater party on May 22. Besides the members of the class, twenty nurses were present.

New York: New York.—THE CITY HOSPITAL held graduating exercises at the Nurses' Home, Blackwell's Island, on June 5. THE GRADUATE NURSES of the city, through the Central Club for Nurses, subscribed \$51,000 for the Victory Loan. ST. LUKE'S ALUMNAE ASSOCIATION has received a gift of \$250 for the Sick Room fund, also \$500 for the assistance of any nurses who were ill or incapacitated by war service, from Fred L. Lavanburg. Graduating exercises of the school were held in the chapel on April 29. The address was given by Rev. Hughell E. W. Forbroke, D.D. Dancing followed the exercises. MARGARET MAHONEY of this city has received two decorations from the French Government. White Plains.—THE WHITE PLAINS HOSPITAL ALUMNAE held their annual meeting on May 18, the following officers being elected: President, Miss McLachlin; vice president, Mrs. Edwin Ramsdell; secretary, Mrs. Ferry, 61 Mamaroneck Avenue, White Plains; treasurer, Mrs. P. Roemer. Yonkers.—ST. JOHN'S RIVERSIDE HOSPITAL held its 23d annual commencement on May 22, for a class of ten nurses. Troy.—THE SAMARITAN HOSPITAL ALUMNAE held their annual banquet on April 28, at the Hampton Hotel, Albany. The classes of 1918 and 1919 were welcomed by L. Gertrude Armstrong, a former president of the Association, who told of her present work as head nurse at Camp Upton. Dancing was enjoyed after the banquet. There was an attendance of 75. The officers of the Association are: President, Elizabeth Bree; vice president, Mrs. Hiram E. Bills; secretary, Sara Peck; treasurer, B. M. Stowell. Saranac Lake.—SARANAC LAKE GRADUATE NURSES' ASSOCIATION, DISTRICT No. 8, met on June 3, with Mary C. Mullen. Helen R. Lucy, newly elected president, and also charter member of the Association, gave a short review of the work done since its beginning in 1912. Dr. R. E. Baldwin, who represented the anti-tuberculosis section of Red Cross Conference at Cannes, gave a lecture. Schenectady.—MOHAWK VALLEY DISTRICT No. 10 has been organized with the following officers: President, Katherine Quinlan, Schenectady; vice presidents, Mrs. G. E. Wilcox, Amsterdam, and Eliza Parsons, Gloversville; secretary, Mrs. E. J. Wiencke; treasurer, Rosetta Graves. Rochester.—GENESEE VALLEY GRADUATE NURSES' ASSOCIATION, DISTRICT No. 2, held a meeting on May 27, at which the following officers were elected: President, Katharine DeWitt; vice presidents, Elizabeth

D. Goldthwaite, Helene Haskett; secretary, Edna W. Gorton; treasurer, Mrs. George W. Chambers; directors: for three years, Helen Green and Blanche L. Niles; for two years, Ada B. Morley, Elin K. Kraemer; for one year, Mrs. Anna B. Polly and Anna L. Cummings. Talks were given by Jessica Heal on her experiences abroad; by Alice S. Gilman on the Club House, and by Miss Read on Private Duty Nursing. THE ROCHESTER GENERAL HOSPITAL held graduating exercises on June 6, at the Genesee Valley Club for a class of thirty-two. Addresses were given by Amy M. Hilliard and Colonel Ralph R. Fitch. Dancing followed the exercises. THE PARK AVENUE HOSPITAL held graduating exercises on May 29, at Teall's, for a class of four. A reception and dance followed the exercises. THE ROCHESTER HOMOEOPATHIC HOSPITAL held graduating exercises on May 15 in the Eastman Home for a class of fifteen. The address was given by Harper Sibley. The Alumnae Association at its meeting on May 5 revised its constitution and by-laws in accordance with the national and state plan. HAHNEMANN HOSPITAL held graduating exercises for a class of eleven on June 5, at the Genesee Valley Club. The address was given by Herbert P. Lansdale of the Y. M. C. A. Albany.—THE HOMOEOPATHIC HOSPITAL held graduating exercises on June 3, in the State Education Building, for a class of thirteen. The address was given by Rev. George Dugan. Florence I. Nellis was awarded the prize given each year for highest average. The Alumnae Association held its reunion and banquet on June 4. Canandaigua.—THE FREDERICK FERRIS THOMPSON HOSPITAL held graduating exercises for a class of seven on June 10 in the Congregational Chapel. Addresses were given by Rev. Samuel Tyler, D.D., of Rochester and Dr. John H. Jewett. A reception followed on the hospital grounds. Of the sixty-one graduates of the school, sixteen entered war service. One nurse lost her life during the epidemic of influenza. Buffalo.—THE BUFFALO HOSPITAL OF THE SISTERS OF CHARITY held commencement exercises on May 15 for a class of eleven.

Ohio.—THE OHIO STATE ASSOCIATION OF GRADUATE NURSES held its annual meeting in Toledo, May 5-7. This meeting was probably the best attended meeting it has ever held. All of the District Associations are now organized and are showing a very active interest in the affairs of the state Association. The programme was a very interesting one. Isabel Stewart, of Teachers College, gave two very fine talks. A memorial service for Miss Jane A. Delano and for twenty-eight nurses who passed away while in service during the year, was held. This was a very impressive service and one long to be remembered. It was held in the Trinity Church and the nurses who took part in the programme were dressed in the uniform of the Red Cross nurse. A large Red Cross was presented in memory of Miss Delano and a wreath for each nurse who died in the service. The following officers were elected: President, Claribel Wheeler; first vice president, Mary M. Roberts; treasurer, Blanche Pfefferkorn; secretary, Rose K. Steinmetz. A Private Duty Section was organized and Mrs. Brown of Cincinnati was elected chairman. Helena Stewart was chosen as chairman of the Public Health Section. District Number 9 of the Ohio State Association entertained the guests in a royal manner. A delightful banquet and an automobile ride added greatly to the pleasure of the occasion. Columbus.—MT. CARMEL HOSPITAL TRAINING SCHOOL FOR NURSES held commencement exercises in Assembly Hall, on May 27, for a class of fifteen. Addresses were given by Rev. Francis W. Howard and Bishop Hartley.

Oklahoma.—THE NURSES OF THE STATE have enjoyed a visit from the Interstate Secretary, Adda Eldredge. She was present at the regular meeting of

District No. 1 in Oklahoma City, June 5, and in the evening addressed members of the League. On June 6, she spoke to the student nurses of four training schools and to seventy-eight nurses who were in the city taking examinations. Just before she left, a dinner was given her at the Huckins Hotel. Tulsa and Muskogee were also visited; all feel that much good has been done.

Pennsylvania: Pittstown.—THE POTTSTOWN HOSPITAL TRAINING SCHOOL FOR NURSES held commencement exercises in Odd Fellows' Temple on June 5th for a class of four. Major Charles F. Nassan, A.M., M.D., addressed the class. The Pottstown Hospital Alumnae held a banquet for the graduates at Yellow House, June 10. **Philadelphia.**—THE NURSES' CLUB OF PHILADELPHIA COUNTY held its annual meeting on April 28, at the Club House. The following officers were elected: President, Martha Rafferty; vice presidents, Isabel Close, Anna Brown, Grace Carmen; recording secretary, Helen F. Greaney; treasurer, Rebecca Jackson; corresponding secretary, Mabel Homer; directors, Julia A. McTarish, Mrs. A. Pollard, Ellen Gill, Mrs. Irene Howorth.

Rhode Island: Providence.—THE RHODE ISLAND STATE ASSOCIATION at its April meeting was given an entertainment of short plays by Mr. and Mrs. Hugh Towne of Boston and of songs by Charles Bell. Mr. Towne and Mr. Bell had been doing war work. At the May meeting, Rev. Dr. Penfield told of his experiences as a chaplain with the army in France. He paid a high tribute to the work the nurses had done. THE RHODE ISLAND CENTRAL DIRECTORY held its twelfth annual meeting at the Medical Library on May 29. Officers elected were: President, Mrs. Westcott; vice presidents, M. E. Ross, K. T. O'Brien; recording secretary, H. M. Lindsey; corresponding secretary, E. L. Murray; treasurer, C. B. Lodge; directors, Ella McCanna, Thelma Selfridge. The registrar reported the total number of nurses registered, 670; 112 members have served with the Army or Navy and many are still in the service; 10 nurses have died during the year, all but one of influenza contracted in her work. FORTY-FOUR NURSES successfully passed the State Board examinations on May 15 and 16, twenty-five of them with an average of ninety or more, receiving honor seals. THE RHODE ISLAND HOSPITAL NURSES' ALUMNAE met at the Nurses' Home on April 22. Dr. Arthur H. Ruggles, recently returned from France, told of the work of his department in the war. The pupil nurses were invited to attend. At the May meeting, Mrs. Lustig, herself a Russian, spoke of conditions in Russia. THE RHODE ISLAND HOSPITAL held graduating exercises at the hospital on May 21 for a class of forty-seven. S. Lillian Clayton of the Philadelphia General Hospital gave a fine address. THE RHODE ISLAND HOSPITAL NURSES' CLUB met for the last time this season on May 6, when Dr. George W. Van Benschoten told of his experiences on the Mystery Ship on which he was stationed during the war. ST. JOSEPH'S HOSPITAL ALUMNAE held a reception and dance for its members returned from war service at the Churchill House, on May 29. BUTLER HOSPITAL held graduating exercises for a class of twelve on June 4, at Ray Hall. The address was given by Mrs. Francis G. Allinson. A reception and dance followed. THE HOMEOPATHIC AID ASSOCIATION gave a musical tea on April 22, at the home of Mrs. Herbert Wayland. THE HOMEOPATHIC NURSES' ALUMNAE ASSOCIATION held a reception and dance in honor of its returned members at Churchill House, on April 30.

South Carolina.—THE GRADUATE NURSES' ASSOCIATION OF SOUTH CAROLINA held its twelfth annual convention at Florence, May 2 and 3. On the morning of May 2 the addresses of welcome were given by Mayor Gilbert for the city, by Dr. F. K. Rhodes for the physicians, by Hon. F. L. Wilcox for the Red Cross

Chapter, and by A. B. Commer for the nurses. The response was by Margaret C. Grey of Columbia. The rest of the morning was occupied by addresses by Miss McKenna, the president, by Dr. F. H. McLeod and Mrs. Ruth A. Dodd of the Child Welfare Bureau. In the afternoon addresses were given on Cancer of the Breast by Dr. J. M. Barnwell, by Adda Eldredge, the Interstate Secretary, on A Summary of Our Present Knowledge of Encephalitis by Dr. L. B. Salters, and by Rev. John McSween. In the evening a reception was given the members by Dr. and Mrs. McLeod. Saturday was occupied with business and reports, followed by an automobile ride and a dinner at the Pinewood Club, followed by music and dancing. **Charleston.**—THE CHARLESTON RED CROSS CHAPTER held a special meeting on receipt of the news of Miss Delano's death. Resolutions were adopted expressing appreciation of her inspiring and uplifting influence.

South Dakota.—THE SOUTH DAKOTA STATE NURSES' EXAMINING BOARD will hold an examination for registration of nurses July 16 and 17, Capitol Building, Pierre. Mrs. Elizabeth Dryborough, Rapid City, Secretary and Treasurer.

Wisconsin: Milwaukee.—A MEMORIAL SERVICE FOR JANE A. DELANO was held on May 7, under the auspices of the Red Cross Chapter, in Immanuel Church. The processional was a beautiful one, headed by Boy Scouts bearing the standards, the stars and stripes and the Red Cross; next, returned nurses in uniform; then enrolled nurses in caps and capes, then about three hundred pupil nurses in the uniform of their several schools,—it was inspiring, solemn, fitting. Tributes to Miss Delano were given by Mrs. Mabel C. Bradshaw, Red Cross instructor, and by Mrs. Ernst, chairman of the State Committee on Enrollment. Addresses were given on Miss Delano and the Red Cross by F. C. Morehouse, chairman of the Red Cross Chapter, and The Nurses' Work Overseas, by Rev. Paul B. Jenkins, chaplain of Base Hospital 22, Milwaukee Unit. THE WISCONSIN STATE NURSES' ASSOCIATION has adopted resolutions showing that its members feel very keenly and deeply the irreparable loss the nursing profession has sustained in Miss Delano's death. **Oshkosh.**—THE LOCAL LEAGUE OF NURSING EDUCATION was organized on May 7 and the following officers elected: President, N. E. Casey; vice president, Dorothy Erdman; secretary, Marion Skinner; treasurer, Louise Lippert. On May 24, an enthusiastic meeting was held at which plans for the future were discussed. Regular meetings will be held on the first Saturday of September, November, January, March and May.

BIRTHS

On March 22, at Front Royal, Virginia, a son, Daniel Peeks, to Mr. and Mrs. Roland Deuel Cock. Mrs. Cock was Ann Berry Renaldi, class of 1918, Winchester Memorial Hospital, Winchester, Va.

On April 18, at Chicago, Ill., a daughter, to Mr. and Mrs. Alva McReynolds. Mrs. McReynolds was Violet Jensen, class of 1907, Hahnemann Hospital.

On May 23, at Charleston, West Virginia, a daughter, to Mr. and Mrs. C. W. Trent. Mrs. Trent is a graduate of Blockley Hospital, Philadelphia, and was for some months Chief Nurse at the hospital at Nitro, W. Va.

On September 15, 1918, a daughter, Anna Elisa, to Mr. and Mrs. J. B. Brown. Mrs. Brown was Jane Beckman, class of 1907, Presbyterian Hospital, Philadelphia.

On March 19, a son, to Rev. and Mrs. Dowsy. Mrs. Dowsy was Margaret Turner, graduate of the Samaritan Hospital, Philadelphia.

On May 27, at Reynoldsville, Pa., a daughter, to Mr. and Mrs. William Gibson. Mrs. Gibson was Maud Moore, graduate of Samaritan Hospital, Philadelphia.

On May 10, at St. Johnsbury, Vt., a son and a daughter, to Mr. and Mrs. Dwight Wells. Mrs. Wells was Clara Fontaine, class of 1915, Rhode Island Hospital, Providence, R. I.

On May 2, to Dr. and Mrs. Victor L. Schrager, a son and daughter, Victor Leland and Victoria Louise. Mrs. Schrager was Jean Brawner, class of 1915, Mt. Sinai Hospital, New York.

On March 17, at Indianapolis, a daughter, to Dr. and Mrs. W. E. Pennington. Mrs. Pennington was Lillian Yorn, class of 1913, Indianapolis City Hospital.

On April 2, at Indianapolis, a son, to Mr. and Mrs. Ralph McDaniels. Mrs. McDaniels was Elizabeth Leppart, class of 1911, Indianapolis City Hospital.

On March 31, at Davis City, Iowa, a daughter, Virginia Ruth, to Mr. and Mrs. Claude Robinson. Mrs. Robinson was Frances Brown, class of 1911, S. U. I. Hospital.

On April 26, at Allerton, Iowa, a daughter, Frances Elsie, to Mr. and Mrs. James Foulks. Mrs. Foulks was Erminie Bracewell, class of 1918, S. U. I. Hospital.

MARRIAGES

On May 2, at Charleston, W. Va., Frances Hedges, graduate of the Sheltering Arms Hospital, Hansford, W. V., to W. Otkin, M.D. Miss Hedges had served in France for eighteen months as a Red Cross nurse. Dr. and Mrs. Otkin will live in Greenwood, Miss.

On June 4, at Charleston, W. Va., Frances Ella Schowen, graduate of the Charleston General Hospital, to John T. Nolan, M.D. Dr. and Mrs. Nolan will live in Ward, W. Va.

On March 29, at Chicago, Cornelia McConnell, class of 1917, Hahnemann Hospital, to Clarence Spears.

Recently, Edna Sample Johnston, class of 1900, Hahnemann Hospital, Chicago, to Elmer E. Prowell.

Recently, Elizabeth Raycroft, class of 1902, Hahnemann Hospital, Chicago, to George E. Green.

Recently, Marie Gaughran, class of 1894, Hahnemann Hospital, to Edward Waller.

On March 20, at New York City, Anita J. Eddy, class of 1914, Hahnemann Hospital to Lieutenant Sidney Hoffman.

Recently, Blanche Russell, class of 1915, Illinois Training School, Chicago, to Joseph M. Hendrie.

On April 23, at Edmonton, Alberta, Canada, Estella Agnes Long, class of 1912, Misericordia Hospital, and class of 1915, Mt. Sinai Hospital, Cleveland, O., to Henry K. Gordon. Mr. and Mrs. Gordon will live in Grande Prairie, Alberta. Miss Long was for two years superintendent of the Presbyterian Mission Hospital at Grande Prairie.

On May 3, at St. Louis, Mo., Daisy Wright, class of 1912, Michael Reese Hospital, Chicago, to Henry A. Brown, of Dumont, Iowa. Mr. and Mrs. Brown will live at Dumont, Iowa. Miss Wright was Supervisor in the Illinois Central Railroad Hospital, Chicago, for some time, and was also instructor at the State and Moses Taylor Hospitals in Scranton, Pa.

On February 26, at Ogden, Utah, Maude Ethel Salmon, class of 1911, Axtell Hospital, Newton, Kas., to S. E. Peters. Mr. and Mrs. Peters are living in Ogden.

On March 15, Imogene Kephart, graduate of the Samaritan Hospital, Philadelphia, to Albert Strikel.

On April 16, Stella Linsday, graduate of the Samaritan Hospital, Philadelphia, to Charles Wilhelm.

On April 22, at Newport, R. I., Abbie E. O'Sullivan, class of 1908, Rhode Island Hospital, Providence, to Henry J. Hoyer, M.D. Dr. and Mrs. Hoyer will live in Providence.

On May 3, at Elhart, Ind., Lula Dixon, class of 1912, Lutheran Hospital, Fort Wayne, Ind., to Earl S. Snell. Mr. and Mrs. Snell will live in Fort Wayne.

On May 7, at Des Moines, Ia., Mary A. Newlove, graduate of the Methodist Hospital, to Captain E. R. Schmidt. Captain and Mrs. Schmidt will live in Chicago.

On June 4, at Atlantic City, Kathryn A. Hamel, graduate of Jewish Hospital, to Lieutenant Edgar Jones.

In May, at Indianapolis, Ind., Mrs. Alice B. Clark, graduate of the Pennsylvania Hospital, Philadelphia, to T. W. DeHass, M.D. Mrs. DeHass was formerly supervisor at the Robert W. Long Hospital. Dr. and Mrs. DeHass will live in Indianapolis.

On March 2, in Texas, Bessie Climer, graduate of the Deaconess Hospital, Indianapolis, Ind., to Ace Kelley. Mr. and Mrs. Kelley will live in Texas.

On June 1, at Indianapolis, Ind., Mary Essecks, graduate of the Indianapolis City Hospital, to Arthur Snow. Mrs. Snow was a school nurse.

On April 21, at Indianapolis, Ind., Margaret Lucile Gerin, class of 1917, Indianapolis City Hospital, to Captain Elmer Funkhouser.

In May, at Indianapolis, Ind., Elizabeth Kernel, class of 1915, Deaconess Hospital, to Fred H. Beckom. Mr. and Mrs. Beckom will live in Virginia.

On May 2, at Indianapolis, Ind., Amelia Tauer, graduate of the Deaconess Hospital, to Hugh Pierce. Captain and Mrs. Pierce sailed for Honolulu on May 5.

DEATHS

On May 17, at the Presbyterian Hospital, Philadelphia, Mary Young, class of 1908. Miss Young, before her illness of several years, did private and public school nursing in Philadelphia.

On February 6, at Pekin, North Dakota, of pneumonia, Mrs. Ole Lysne. Mrs. Lysne was Henrietta J. Bjorlie, class of 1912, St. Luke's Hospital, Fargo. Miss Bjorlie did private duty nursing until her marriage. She was of a kind and sweet disposition and was loved by all.

On October 18, at Miami, Florida, of pneumonia, Beatrice Horne, class of 1918, Providence Hospital, Mobile, Ala. Miss Horne had done private duty nursing in Florida for several years and was one of those who gave her life during the epidemic.

On October 11, at Miami, Fla., of pneumonia, Alice Keeler, graduate of Grace Hospital, New Haven, Conn. Miss Keeler remained at her post of duty after she was stricken and leaves a record of work well and faithfully done.

On May 30th, at the Toronto General Hospital, following an appendectomy, Margaret Baker, class of 1904, Presbyterian Hospital Training School for Nurses, New York. Miss Baker recently returned from service in France, where she has been stationed at U. S. A. Base Hospital No. 2. Her home was in Paris, Ontario.

BOOK REVIEWS

IN CHARGE OF
GRACE H. CAMERON, R.N.

PRACTICAL DIETETICS, with Reference to Diet in Health and Disease. Twelfth edition. By Alida Frances Pattee. A. F. Pattee, Publisher, Mount Vernon, N. Y. Price, \$2.00.

This is the twelfth edition of this popular text book, since 1903. A new edition is issued each year, containing the latest diet lists, and instructions in the preparation of food for the sick and convalescent. The total energy value of each recipe is given. There is a complete table of Food Values, and a comprehensive chapter on Infant Feeding. State board requirements in dietetics and examination questions are given in a supplement which is complimentary with each copy of the text book. This should materially aid the pupil in preparing for the state examinations. There is also a very convenient Hand-bag Diet book, condensed from the regular text book, containing measures, weights, recipes and the various diet lists. This may be had for 50 cents additional. It is sold only to the nurse and only in connection with Practical Dietetics. This is a book that has proved its worth and is in general use in public schools as well as in the nurse training schools. It should also be of great value to the intelligent housekeeper.

ELECTRICITY IN MEDICINE. By George W. Jacoby, M.D., and J. Ralph Jacoby, M.D. With 262 illustrations. P. Blakiston's Son & Company, Philadelphia. Price, \$5.00.

The authors state that the object of the present book is "to stimulate the study of the practical application of electricity in medicine. Electricity has acquired a greater and greater importance both scientifically and practically, and its industrial supremacy has been attained through a thorough knowledge of its fundamental laws. These same laws must form the basis of all therapeutic knowledge and for this reason success in the use of electricity in medicine must be based upon a complete knowledge of the laws that underlie the electric phenomena. The knowledge of the fundamental laws, the ability to use the instruments in their application and a precise meaning of the expressions employed, are therefore essential prerequisites for every physician who desires to utilize electricity as a remedial agent." The title of the book plainly states the scope of the work. Nearly all surgical references have been excluded; and the subjects of X-rays and phototherapy are considered but cursorily. The book is a practical guide for further study.

MASSAGE AND THE ORIGINAL SWEDISH MOVEMENTS. By Kurre W. Ostrom. P. Blakiston's Son & Co., Philadelphia. Price, \$1.00.

This eighth edition has been revised from notes left by the late Mr. Ostrom, by P. Silverberg, G.D. The book is concise, making a small volume. However, the various manipulations are clearly explained and with the 125 illustrations a good workable text is obtained.

DIET LISTS OF THE PRESBYTERIAN HOSPITAL OF NEW YORK CITY. New edition. Compiled with notes, by Herbert S. Carter, A.M., M.D. W. B. Saunders Company, Philadelphia, London. Price, \$1.25.

This compilation of diets must be considered a very valuable reference book to the trained nurse and also to the general practitioner. The notes explain the lists and are an additional help to those not familiar with the diets.

CHEMISTRY AND TOXICOLOGY FOR NURSES. Second edition, revised. By Philip Asher, Ph.G., M.D. W. B. Saunders Company, Philadelphia, London. Price, \$1.50.

An elementary text book which has been so kindly received that the author has revised the book and published this second edition.

A TEXT BOOK OF HOME NURSING. Modern Scientific Methods of the Care of the Sick. By Eveleen Harrison. The Macmillan Company, New York. Price, \$1.10.

A second edition of a popular home nursing book. There are, besides the usual instructions, chapters of recipes for invalid cookery; first aid in emergencies, and comforts for the patient. This last named chapter contains many useful suggestions for the one who must care for the sick.

PRACTICAL HOME NURSING. An Elementary Condensed Text Book for Trained Attendants. By Louise Henderson, R.N. The Macmillan Company, New York. Price, \$1.50.

The object of this book is stated by the author to be "to define clearly and accurately the different steps in the necessary technique of simple treatments and the care and comfort of the patient." For the trained attendant, a simple text book is required which, besides detailing the practical work, should include some anatomy and physiology. The author has given this elementary instruction in the structure of the body; circulation of the blood; the urinary tract, and the digestive tract.

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